

# Arbuckle Parks and Recreation District Volunteer Waiver Form

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Emergency# \_\_\_\_\_

Special Medical Needs \_\_\_\_\_

Known Allergies \_\_\_\_\_

## **General Volunteer Waiver**

In consideration of the opportunity to engage in volunteer work through the Arbuckle Parks and Recreation District (APRD) I, the undersigned, my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person or property which may be caused directly or indirectly, by any act, omission or negligence arising from or related to the activities of APRD. I, the undersigned, understand that by participating in this volunteer activity I will be exposed to the risks of accident and injury and that I will follow APRD safety requirements and instructions. I hereby release and hold harmless APRD and its officers, agents and employees from any and all claims, including bodily injury, death or property damage with may occur due to my participation in these volunteer activities. I, the undersigned, my heirs and assigns, hereby covenant and agree to indemnify and hold harmless APRD, it's officers, agents and employees and all property owners from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or death or illness of any person, or for damage to any property arising out of or in connection with my involvement in the volunteer activities, regardless of whether such injuries, illness, death or damages are reasonable or unreasonable, or foreseeable or unforeseeable to the parties to this agreement. I, the undersigned, my heirs and assigns, hereby further covenant APRD its officers, agents and employees and/or property owners for any matter which arises from the execution of the volunteer work

All Employees, Volunteers, and Board Members of APRD will conduct themselves at all times in accordance with good professional judgment for the benefit of APRD in such a manner as to not create a conflict of interest as well as the perception of a conflict of interest. A conflict of interest exists when a Volunteer, Board Member or Employee's loyalty to APRD can be prejudiced by actual or potential benefit from another source. To avoid all conflicts they should refrain from entering into any particular transaction or establishing any relationship with others if the loyalty to APRD may be impaired

I understand that my minor child and myself will also need to sign the Volunteer Code of Conduct.

As a condition of Volunteering, I give permission for the APRD to run a background check on me, which may include a review of sex offender registries, child abuse and criminal history records.

[OFFICAL USE]:

Background check completed by: \_\_\_\_\_  
t through the Sexual Offender Registry [ ] or Criminal History Records [ ] (check one).

I understand that I will not received any compensation for any work performed and that volunteers are NOT considered employees from any purpose and therefore not covered under Worker's Compensation. I agree that APRD may take my photograph and use the image to promote the purposes of the APRD with no compensation due me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_

Each volunteer must sign and turn in this release form to event coordinator prior to participating in any APRD volunteer activity.

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**Arbuckle Parks and Recreation District**  
**P.O.Box 1376**  
**Arbuckle CA 95912**  
**530-908-4061**