



Arbuckle Parks & Recreation District
 104 5TH STREET, PO BOX 1376, ARBUCKLE, CA 95912 | (530) 476-3007

VOLUNTEER WAIVER FORM

Name _____ Age _____ Date of Birth _____

Parent/Guardian(s) Name (if minor) _____

Home Phone _____ Cell Phone _____ Emergency# _____

Address _____

Emergency Contact (Name, Address & Phone) _____

Special Medical Needs _____ Known Allergies _____

If you or your child has special medical needs that might require medication or special practices, i.e. bee sting allergy, asthma, diabetes, please note below and make sure you or your child has the equipment needed to handle the situation.

General Volunteer Waiver

In consideration of the opportunity to engage in volunteer work through the Arbuckle Parks and Recreation District (APRD) I, the undersigned (parent/guardian), my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person/minor child 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 (parent/guardian), understand that by participating in this volunteer activity I or my minor child will be exposed to the risks of accident and injury and that I or he/she 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 or my child's participation in these volunteer activities. I, the undersigned (parent/guardian), 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 or my child's 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 (parent/guardian), 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

As a condition of Volunteering, I give permission for the APRD to be a background check on me (NO CHECKS ARE COMPLETED ON MINORS), which may include a review of sex offender registries, child abuse and criminal history records.
 [OFFICAL USE]: Background check completed by: _____ through the Sexual Offender Registry [] or Criminal History Records [] (check one).

I understand that I or my minor child 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 or his/her 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 _____

Parent/Legal Guardian Signature (if under 18 years of age) _____

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