

VWorks _____
Listserv _____
Thanked _____



Program Area: _____
Program: _____

I recognize that because of the inherent hazards of this activity, that I may sustain some injury. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment.

I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my participation in this activity. I understand that this release applies to both present and future injuries, and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Volunteer Sign-up and Waiver Form

Group Name: _____

Project: _____

Date: _____

Time: _____

<i>Name</i> <i>(first and last)</i>	<i>Email</i>	<i>Time-in</i>	<i>Time-out</i>	<i>Total Hours</i>

Submit to staff day of service or mail to:
City of Bloomington Parks and Recreation
c/o Kim Ecenbarger, PO Box 849, Bloomington, IN 47402