

## Bloomington Parks and Recreation/City of Bloomington Utilities VOLUNTEER WAIVER STATEMENT

Project: Storm Drain Marking Program Group: Date:

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.

If I am signing as the parent/legal guardian of a participant, I recognize that because of the inherent hazards of this activity, my child may sustain some injury. In the event that my child is injured and my spouse or I 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 City of Bloomington Utilities Departments, 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 or my child's participation in this activity. I understand that this release applies to both present and future injuries, and that it binds myself, my spouse, my child, and the heirs, executors and administrators of each of these persons. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Participant's Name (If Participant is a Child, Also Include the Name of the Child's Parent/Guardian)	Participant's Signature (Or Parent's Signature if Participant is a Child)	Address and Phone	Email

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