

Volunteer Program Waiver

RECREATION AND PARKS
DEPARTMENT

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Phone# _____

In consideration of my, or my minor child's, participation in the **City of Columbus, Department of Recreation and Parks ("CRPD"), Volunteer Program**, the undersigned ("Volunteer"), on behalf of myself and my heirs, or my minor child's heirs, hereby agrees to assume all responsibility for damages or personal injuries to myself or others while volunteering for the City of Columbus and does hereby release, indemnify and hold the City of Columbus harmless from any and all liability, actions, causes of actions, debts, claims and demand of every kind and nature whatsoever, which arises from or in connection with volunteer activities and voluntarily assumes all risks that are not latent or created by staff.

Volunteer understands that the City of Columbus liability insurance, health, accident, workers' compensation or life insurance does not cover the work as a volunteer and agrees to assume all responsibility for insurance to cover any injury or illness occurring during the volunteer's work.

It is further understood that the **Volunteer** must divulge any limitations in his or her ability to carry out activities as assigned, and if a staff supervisor requests the **Volunteer** to perform a task that exceeds the **Volunteer's** physical capabilities, the **Volunteer** is responsible for declining the assignment.

Volunteer hereby acknowledges and grants the City of Columbus permission to use my, or my minor child's, likeness in a photograph or video in any and all of its publications, including websites and social media pages, without payment or any other consideration. **Volunteer understands and** agrees that these photos/videos are the property of the City of Columbus.

Volunteer hereby irrevocably authorizes the City of Columbus to edit, alter, copy, exhibit, publish or distribute the photo/video for purposes of publicizing the City of Columbus's programs or for any other lawful purpose.. In addition, **Volunteer** waives the right to inspect or approve the finished product, including, written or electronic copy, wherein their likeness appears.

I have read and understand the conditions of my, or my minor child's, participation in volunteer activities. Furthermore, I agree that I, or my minor child, shall abide by all local laws and CRPD rules and policies.

Signature of Volunteer or Guardian

Date

Email Address _____

Would you like to be added to our newsletter? Yes or No

How did you hear about this event? _____

Emergency Contact: Name and Phone Number

Thank You for volunteering with us!

Please help us learn more
about our volunteers.
(OPTIONAL)

Age

- Under 18 45-54
 18-24 55+
 25-34 Prefer not to
 35-44 answer

Gender

- Female Other
 Male
 Non-binary Prefer not to
answer

Race (select all that apply)

- Asian Pacific
 Black/African Islander
 Caucasian/ Other
White
 Native Prefer not to
American answer

Ethnicity

- Hispanic/ Non-Hispanic/
Latino Latino

Educational Level

- Some high Associate
school Degree
 High school Bachelor
grad / GED Degree
 Some Graduate
College Degree

Employment Status

- Full-time Retired
 Part-time Student
 Unemployed Prefer not to
 Self-Employed answer
If employed, where do you work?

Do you speak more than one language?

- Yes No
If Yes, please list below
