Special Event Volunteer Sign-In Sheet

Under Age 18

Event Name_____ Event Date_____

Return to: Marketing Specialist
Admin Office, 375 W. First Street, Elmhurst, IL 60126/ (630) 993-8925

Waiver & Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and volunteering for this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services and vehicle operations, when provided.)

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Elmhurst Park District, including its officials, officers, agents, volunteers and employees (hereinafter collectively referred to as "Parties.") I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

Photos and videos are periodically taken of people participating in Park District programs and activities. All persons registering for Park District programs/activities, volunteering for Park District programs/events or using Park District property thereby agree that any photograph or videotape taken by the Park District may be used by the Park District for promotional purposes including its promotional videotapes, brochures, flyers, electronic media, and other publications without additional prior notice or permission and without compensation to the participant.

Parent Signature: _____ Printed Name: _____

Volunteer Signature: _____ Printed Name: _____

Volunteer Name (Please Print)	Organizational Group (If Applicable)	Address (Street, City, and Zip Code)	Phone #	Email Address	# of Hours