

**St. Charles Park District
VOLUNTEER
Waiver, Release, and Hold Harmless Agreement**

Please read this agreement carefully and be aware that in volunteering you will be waiving and releasing all claims for injury or damage arising out of volunteer duties. The agreement is as follows:

I agree to serve as a volunteer for the St. Charles Park District. I will observe the policies and procedures of the St. Charles Park District which apply while I am volunteering. I agree to take direction and supervision from the St. Charles Park District Staff. I understand that my volunteer service with the St. Charles Park District may be terminated for failure to adequately perform my volunteer duties or for improper conduct while serving as a volunteer.

I acknowledge that the St. Charles Park recommends each person carries their own medical accident insurance, since worker's compensation benefits are not available to volunteers. I understand that the St. Charles Park District does have secondary coverage to assist injured volunteers which will help offset out of pocket expenses such as a deductible cost of existing medical accident insurance. I understand that the absence of health insurance does not make the St. Charles Park District responsible for the payment of medical expenses not related to the volunteer services.

I recognize that there are certain risks of physical injury and agree to assume such risks and any damage or loss I may sustain, as a result of volunteering for any and all activities connected with the position.

I agree to waive and release the St. Charles Park District, its officers, agents, other volunteers and employees from any and all claims resulting from injuries, damages and losses sustained, arising out of, connected with, or in any way associated with my conduct and the activities of volunteering.

I agree to Hold Harmless the St. Charles Park District and its officers, agents, other volunteers and employees against any claims, demands, costs, and expenses, including reasonable attorney fees for the defense thereof, arising from or in connection with volunteering, provided that said claims, demands, costs, and expenses have not been caused by the negligence of the St. Charles Park District, its officers, agents, other volunteers and employees.

I have read and understand the above agreement to serve, acknowledgement of medical coverage, warnings of risk, waiver and release of claims, and Hold Harmless Agreement.

Parent of Guardian Must Sign If Volunteer Is Under The Age Of 18

Date

Volunteer Must Sign If 18 Years Or Older

Date

Emergency Treatment

Please contact the following in the event of an emergency:

- 1). _____
Name Relationship Phone Number
- 2). _____
Name Relationship Phone Number

My Medical Insurance Carrier is:

Name of Medical Insurance Carrier

I understand that every precaution is taken to protect the safety of every volunteer. I agreed to emergency treatment by a physician or hospital in the event I am not able to give permission / I cannot be reached.

Volunteer Signature / Parent or Guardian Signature If Under Age 18