

SCP+R Volunteer Waiver and Release Form

I want to volunteer my services to Shawnee County's Department of Parks + Recreation (SCP+R). I certify that I am in good mental and physical condition and I understand the inherent risks associated with acting as a volunteer, including the risk of physical injury. I further understand that I risk aggravating any preexisting physical condition I may have in the performance of these services.

I understand that while my volunteer services will be at the direction of the Board of County Commissioners of the County of Shawnee, Kansas, the Shawnee County Parks + Recreation Department, its officers and employees (collectively referred to herein as "Shawnee County"), I am nevertheless not an employee of Shawnee County within the meaning of the Kansas Workers' Compensation Act at the time of my performance of these volunteer services. I further understand that I am a volunteer and that no employee/employer relationship is created between myself and Shawnee County and that I will receive no compensation of any kind for my participation as a volunteer and that there is no promise of paid employment or future paid employment.

In consideration of Shawnee County allowing me to participate as a volunteer, I agree not to sue and forever release, waive and discharge Shawnee County and its respective employees, directors, and any associated or sponsoring agencies and entities (hereinafter referred collectively as "Releases") from any and all liability to me or my personal representatives, assigns, heirs, children, dependents, spouse and relatives for any and all claims, causes of action, losses, judgments, liens, costs, demands or damages that are caused by or arise from any injury (including death) to me or my property regardless of the cause(s) of such injury. I assume all risks associated with my participation as a volunteer. I understand that the performance of these volunteer services may be hazardous, and I specifically waive any liability for injuries that may result from the negligence or carelessness of fellow volunteers and the public.

SCP+R reserves the right to use event picture(s) for marketing to be used on Shawnee County's website, publications and social media sites.

I acknowledge that I have read this Volunteer Waiver and Release Form and that I am voluntarily executing it as the date below and that this form shall encompass any volunteer work that I may perform for Shawnee County for a period of 2 years from the date signed unless terminated in writing by the volunteer. If at any time my health condition changes and I become unable to safely perform the functions of a volunteer, I understand that it is my responsibility to discontinue serving as a volunteer All participants must sign before being allowed to volunteer.

Print Name: _____ **Signature:** _____

Date Signed: _____

If volunteer is under age 18, a parent or guardian must sign below:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to the above Volunteer Waiver and Release Form on behalf of my minor child.

Parent/Guardian Printed Name: _____

Parent/Guardian Relation (ex. mother/father/guardian): _____

Parent/Guardian Emergency Contact Phone: _____

Parent/Guardian Signature: _____

Date Signed: _____