



Adult Volunteer Assumption of Risk Agreement/Release of Liability

City of Tucson Parks and Recreation Department

NAME _____ SITE _____

This information must be filled out completely with current information, signed and turned in before the individual will be allowed to volunteer. If some questions do not apply, please indicate with "N/A."

PERSONAL INFORMATION

NAME _____ PHONE _____

LOCAL ADDRESS _____ ZIP _____

DATE OF BIRTH _____ AGE _____ MALE FEMALE

DO YOU HAVE A DISABILITY THAT REQUIRES ASSISTANCE? _____ YES _____ NO

PHYSICAL LIMITATIONS/ACTIVITY RESTRICTIONS _____

EMERGENCY INFORMATION

CONTACT NAME _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT) _____

HOME PHONE _____ WORK PHONE _____ PAGER OR MOBILE _____

PHYSICIAN'S NAME _____ PHONE _____

MEDICAL COVERAGE _____ GROUP ID # _____

PREFERRED HOSPITAL _____

EMERGENCY CLAUSE

I hereby give my permission to employees of Tucson Parks and Recreation Department to secure proper medical care for myself as deemed necessary. This permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

____ I do _____ Initial

MEDIA RELEASE

I hereby grant the Tucson Parks and Recreation Department permission to record my likeness and/or voice for use in television, films, radio or printed media to further the aims of the Parks and Recreation Program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

____ I do _____ I do not _____ Initial

RELEASE CLAUSE

A. I hereby RELEASE, WAIVE AND DISCHARGE the City of Tucson, its departments, officers, employees, and directors, the property owners, from any and all liability, claims, demands or causes of action that I may hereafter have for injuries and damages arising from my volunteering for work.

(Initial here if you understand and agree to the above statement_____)

B. I have been explained the nature and extent of work for which I am volunteering. I assert that I am in good health and I know of no medical reason that might make my participation in the work a hazard to my health and well being.

(Initial here if you understand and agree to the above statement_____)

C. I understand that the City of Tucson provides no insurance for injury and will not pay to cover costs associated with any injury I might sustain as a volunteer.

(Initial here if you understand and agree to the above statement_____)

D. I understand that I am responsible for deciding what tasks I am well suited. I will not use any power tools or equipment while volunteering for work (includes tools and equipment owned by the City of Tucson or volunteers including myself).

E. I affirm that I am of legal age and am freely signing this document, I have read this document and I understand that by signing, I am giving up legal rights or remedies that may be available against the City of Tucson or any other parties listed above.

Dated: _____ Signature: _____

Dated: _____ Witness: _____