



Lacey Parks and Recreation
420 College St SE
Lacey, WA 98503

Lacey Teen Leadership Committee

First Name _____ Last Name _____ Date _____

Address _____ City/State/Zip _____

Phone _____ Email Address _____

Emergency Contact _____ Phone _____

Please Answer the following:

- Are you over 18 years of age? _____ If no, this form will require a parent/guardian signature.
- What types of work interest you? _____
- What activities have you done? (Clubs, Previous Volunteer Work, etc.) _____

- What do you feel you would offer the program? _____

REFERENCES

Please provide the names and telephone numbers of three (3) non-family references.

- Name _____ Telephone _____
- Name _____ Telephone _____
- Name _____ Telephone _____

PREVIOUS WORK / VOLUNTEER EXPERIENCE

| Employer | Position Held | Dates Worked | Supervisor | Reason Left |
|----------|---------------|--------------|------------|-------------|
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Risk Waiver and Hold Harmless Agreement

As a volunteer for the City of Lacey I agree and acknowledge:

- I hold harmless the City of Lacey, its officials, employees, and agents for any injury or damages which may occur to me while I am participating in this program and I waive any right to bring claim or lawsuit against them for any such injury, damage, or death.
- I agree to hold harmless, defend, and indemnify the City of Lacey, its officials, employees and agents from any and all claims and lawsuits for injury, loss, or damage to other persons or entities which may arise in the future as a result of or in connection with my participation in the program except for injuries or damages caused by the sole negligence of the City.
- Exercise proper care in performing activities.
- Follow the safety guidelines provided by the City of Lacey.
- Use all provided equipment appropriately and follow all safety practices.
- Follow all of the rules outlined in the program policy.
- City personnel will provide direction regarding my duties as a volunteer.
- City personnel may provide minimal or no supervision on site during volunteer events.
- Participants may be entitled to receive coverage for medical treatment required for injury incurred during participation as a volunteer under the medical aid provisions of the Worker's Compensation Act, which is administered by the Department of Labor and Industries, but not for loss of time because of injury or illness, or for lasting disability or death.
- I am aware the work performed in the program involves certain risks of physical injury and death.
- I am fully informed of these risks and accept the risks to participate.
- I hereby, on behalf of myself and my heirs, assume all risks in connection with my participation in this program.

Volunteer Name (printed)

Signature

Date

I hereby consent to allow my picture or likeness to appear in any official document, website, sponsor advertisement and/or produced television coverage of Lacey Parks, Culture and Recreation sponsored recreational activity without compensation to me. YES NO (Initial)_____.

I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program/activity. YES NO (Initial)_____.

For persons under 18, please have your parent or legal guardian fill out the below:

I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the above risk waiver and hold harmless agreement; and that I, in consideration of allowing the participant to participate in the City's volunteer program on behalf of myself and/or my minor child. I agree to release and waive without reservation any claim or legal cause of action I might have arising out of any personal injury, damage, or death against the City of Lacey, its officials, employees, and agents. I further grant my full consent and authorization for the above named participant to engage in the activities of the program. The City of Lacey does not provide medical insurance coverage for volunteers ages 13 and under should they incur injury to themselves.

Signature of Guardian

Printed Name

Date

Address

City

Phone

I hereby consent to allow my child's picture or likeness to appear in any official document, website, sponsor advertisement and/or produced television coverage of Lacey Parks, Culture and Recreation sponsored recreational activity without compensation to me. YES NO (parent/legal guardian initials)_____.

I authorize any necessary emergency medical treatment that might be required for my child in the event of physical injury and/or accident to me while participating in this program/activity. YES NO (Initial)_____.