



Volunteer Release Form

Volunteer Name _____ Age (if Minor) _____

Street Address _____

City/State/Zip _____

Parent's Phone # _____ Phone _____

Email _____

T-Shirt Size Youth: _____ Adult: _____

I am interested in volunteering for the following types of activities in connection with the preparation of, set-up, day of event, and clean-up.

- Set-up (9/13: 10:00am to 3:00pm)
- Event Group (9/13: 4:00pm to 10:30pm)
- Tear-down/Clean-up (9/13: 10:00pm to midnight)

I hereby agree to release and to hold harmless the City of Frankfort, Indiana, its officers, employees, agents and volunteers from any and all liabilities, claims or causes of action, of whatever kind, arising out of or in any way connected with my participation in the Project activities described above. I also understand that, in my capacity as a volunteer for the City of Frankfort, I may come into contact with confidential information. In such event, I agree to protect such information to the best of my ability and to not divulge such information to any other person or party.

By Signing below, I agree that I have carefully read this Volunteer Release Form and fully understand its contents. I am aware that this is a release of liability and I sign it freely and voluntarily without inducement.

Volunteer: _____ Date: _____

IF VOLUNTEER IS UNDER THE AGE OF 18, PARENT OR GUARDIAN MUST SIGN BELOW

Volunteers under the age of 18 shall have the waiver signed by a parent or legal guardian.

I _____, do hereby consent to allow my child, _____, to participate as a volunteer with the City of Frankfort, Indiana, subject to all of the terms and conditions above, which terms I also agree to on behalf of my child.

In case of medical emergency, I hereby authorize calling a physician at my expense to provide whatever medical or surgical treatment is necessary. I understand that I will be notified as soon as possible in case of any emergency affecting my child.

Signature of Parent/Guardian: _____ Date: _____