

____ Entered
____ Thanked

Number of hours volunteered _____
(Per volunteer)



CITY OF BLOOMINGTON
parks and recreation

**BLOOMINGTON PARKS AND RECREATION
Group Volunteer Waiver**

Group: _____

Date: _____ **Time:** _____

Project: _____

I am the person responsible for the child(ren) named below. I recognize that because of the inherent hazards of this activity, my child(ren) and/or I may sustain some injury. In the event that a child and/or I are injured and my emergency contact cannot be reached, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment.

I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my and my child(ren)'s participation in this activity. I understand that this release applies to both present and future injuries, and that it binds myself, the below noted child(ren), and the heirs, executors and administrators of each of these persons. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Please list the names of all children and adult supervisors for whom the above waiver applies.

Child's Name

Adult Supervisor Name

Adult Supervisor Name

Adult Supervisor Name

Adult Supervisor Name

Adult Signature

Date

Address

City

State

zip

Phone

email

In case of an emergency, please contact:

Name

relationship

phone