

CITY OF OCONTO FALLS

VOLUNTEER FORM

This form must be completed for each volunteer prior to participating and signed by the Adult or a Parent/Guardian if the volunteer is a minor. Submit a completed form City Hall. For questions, call 920-846-4505

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

Volunteer Age 18 & up Under 18 Volunteer Email Address: _____

Custodial Parent/Legal Guardian (if volunteer is a minor): _____

Phone: _____ Alternative Phone: _____

Address: _____ City: _____ Zip Code: _____

Parent/Legal Guardian Email Address: _____

EMERGENCY CONTACTS

Name	Relationship to Volunteer	Cell Phone	Home Phone	Work Phone

CITY OF OCONTO FALLS RELEASE AGREEMENT FOR ALL VOLUNTEERS

IN CONSIDERATION OF PERMISSION TO PARTICIPATE IN OR USE ANY CITY OF OCONTO FALLS (hereinafter referred to as "City") FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF OCONTO FALLS, ITS EMPLOYEES,

OFFICERS AND AGENTS (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin, for any loss, damage, or claim therefore on account of injury to the person, undersigned's family member, or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise, while the undersigned or undersigned's family member is participating in a City activity or using any City facilities in connection with the activity.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees' right to indemnify incurred on appeal) resulting from involvement in this activity, whether caused by any negligent act or omission of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to self or undersigned's family member while upon City property or participating in the activity or using any City facilities and equipment, whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk, are intended to be as broad and inclusive as permitted by Wisconsin law and that if any portion thereof is deemed to be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and I am aware of the legal consequences of this agreement, including the acknowledgement that it prevents me from suing the City or its employees, agents, or officers, if I or my family member is injured or my property is damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

IF THE PARTICIPANTS ARE MINORS his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of the participants listed above.

I have read and reviewed the City of Oconto Falls Community Services Volunteer Guidelines & Safety Plan Yes No

Signature: _____ Date: _____

Adult Volunteer or Parent/Legal Guardian

PHOTO/LIKENESS RELEASE FOR ALL PARTICIPANTS



The City of Oconto Falls may take and use photos/videos of participants for publicity and marketing purposes. Photos/ videos of participants are used on the City website, Social Media, other City media publications. I hereby grant the City of Oconto Falls permission to use my, or my child's, likeness in any broadcast, telecast or print media free of charge.

SIGNATURE HERE: _____

Adult Volunteer or Parent/Legal Guardian