



Group Volunteer Agreement

Group Name _____
 Program _____
 Location _____

Group Contact Information

Name _____
 Address _____
 Phone _____ (day) _____ (evening)
 e-mail _____

I agree to participate as a volunteer for Bend Metro Park and Recreation District. I assume responsibility for all risks, hazards and injuries incidental to the conduct of the activity and I do further release, absolve, indemnify and hold harmless the organizers, supervisors, the Bend Metro Park and Recreation District, any and all of them. In case of personal injury, I hereby waive all claims against the organizers, the Bend Metro Park and Recreation District, or any of the supervisors appointed by them. I hereby give my consent for emergency medical treatment. I understand the district does not provide insurance coverage and that this is a personal responsibility. I also agree to allow the district to use and reproduce my name and/or likeness in district publications and information pieces.
 I understand that I will not be compensated for my volunteer service with the district.

Group Members

Name <i>(please print)</i>	Date	Signature <i>(parent/guardian must sign if under 18)</i>

(please copy for additional group members)