



Individual Volunteer Participation Agreement

Event/Activity _____

Please print

Volunteer Name _____

Address _____
Street City Zip

Phone (day) _____ (evening) _____

e-mail _____

Emergency Contact

Name _____ phone _____

Please contact me for future events and activities Yes No

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 that 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 Bend Metro Park and Recreation District.

Volunteer Signature _____

If under 18, parent or guardian must also sign

Parent/Guardian Name (*please print*) _____

Parent/Guardian Signature _____

Bend Metro Park and Recreation District
200 NW Pacific Park Lane
Bend, OR 97701
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www.bendparksandrec.org