



VOLUNTEER AND/OR COMMUNITY SERVICE WAIVER AND RELEASE

Description of Project or Event (“The Activity”):	Date:
Participant Name:	Participant Birthdate:
Participant Address:	Participant Phone Number:
Participant Email Address:	
Emergency Contact Name & Relationship	Emergency Contact Phone:

If under 18 years of age you are required to have this Waiver and Release completed and signed by your parent(s) or legal guardian(s). All participants must complete and execute this agreement prior to participating in any volunteer and/or community service project or program (the “Activity”) for the Village of Deer Park.

I _____, residing at _____,

and being _____ years of age, acknowledge and agree that participation in the above-described Activity for the Village of Deer Park INVOLVES A RISK OF SERIOUS INJURY AND/OR OTHER HAZARDS, AND I VOLUNTARILY AGREE TO AND DO HEREBY ASSUME ALL SUCH RISKS AND/OR HAZARDS. I further understand that the VILLAGE OF DEER PARK does not provide medical or liability insurance to participants.

WAIVER AND RELEASE

I/we hereby wish to participate, and/or I/we hereby give my/our child[ren]/ward(s) listed above permission to participate, in the aforesaid Activity on the property of, or for or to benefit the Village of Deer Park as described above. If the above participant(s) is/are my/our child[ren]/ward(s). I/we hereby affirm that I/we have legal custody of said child[ren] or am/are the legal guardian(s) of said ward(s) and have the authority to grant permission to allow said child[ren] or ward(s) to be participants in the Activity and to execute this Waiver and Release Form.

On behalf of myself/ourselves individually and/or my/our child[ren]/ward(s), and my/our respective heirs, successors, and assigns, I/we recognize and acknowledge that there are certain risks of serious injury to participants in the Activity, and I/we voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that I/we and/or my/our minor child[ren]/ward(s) may sustain as a result of said participation. On behalf of myself/ourselves individually and/or my/our child[ren]/ward(s), and my/our respective heirs, successors, and assigns, I/we further agree to waive and relinquish all claims I/we or my/our minor child[ren]/ward(s) may have (or accrue to me/us or my/our child[ren]/ward(s)) as a result of participating in the Activity against the Village of Deer Park, and/or any Activity co-sponsors, including their respective directors, trustees, officers, employees, volunteers, and other agents (“releasees”). To the greatest extent permitted by law, on behalf of myself/ourselves individually and/or my/our child[ren]/ward(s), and my/our respective heirs, successors, and assigns, I/we do hereby fully release and forever discharge all of said releasees from any and all claims for injuries, damages, or loss that I/we or my/our minor child[ren]/wards(s) may sustain or which may accrue to me/us, or to my/our heirs, successors, and assigns,

or to my/our minor child[ren]/ward(s) and arising out of, connected with, or in any way associated with my/our or my/our child[ren]'s/ward(s)'s participation in the Activity.

I/we have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax or email, I/we understand and agree that my/our signature(s) shall substitute for and have the same legal effect as my/our signature(s) on an original form.

I/we do hereby authorize such medical treatment of myself/ourselves and/or, my/our child[ren] or ward(s) in the event of a medical emergency which, in the opinion of the attending physician and/or other qualified medical personnel, is necessary. This Waiver and Release form is completed and signed for the additional purpose of authorizing medical treatment of myself/ourselves and/or my/our child[ren] or ward(s) under emergency circumstances in my/our absence or incapacity. This authority is granted after reasonable effort has been made to contact me/us or the specified emergency contact. I/we give my/our permission to the attending physician and/or other qualified medical personnel to render such treatment as would, in his or her opinion, be necessary and agree to pay the usual charges for such treatment.

I/we further understand that participants may be videotaped or photographed during the Activity and such videos or photographs may be used in publications or by other parties and I/we hereby waive any and all rights to the use of said videos or photographs taken by persons other than myself/ourselves, and I/we hereby consent to the waiver and release of any and all rights I/we may have to control or choose whether and how such video and/or photographs of myself/ourselves and/or my/our minor child[ren] or ward(s) may be used.

I/we consent to criminal history records check of the participant as part of the review and approval of this Waiver and Release, in the event the Village determines that it is advisable to do so.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Waiver and Release.

I/WE HAVE CAREFULLY READ THE ABOVE DOCUMENT AND HAVE HAD ANY QUESTIONS EXPLAINED TO ME/US. I/WE FULLY UNDERSTAND THE MEANING AND CONTENT OF THIS DOCUMENT AND VOLUNTARILY EXECUTE THIS RELEASE AND WAIVER FORM.

PARTICIPATION WILL BE DENIED if this Waiver and Release Form is not completed in full or if the signature of the adult participant or parent/guardian of a minor child and date are not on this Waiver and Release.

DATE:	PARENT(S)	GUARDIAN(S)	of Participant
SIGNATURE(S):			
PRINT NAME(S):			