

**VOLUNTEER HOLD HARMLESS FORM**



7900 Renner Road  
Shawnee Mission, KS 66219  
Phone (913) 438-7275  
Fax (913) 492-7275

Thank you for volunteering with the Johnson County Park & Recreation District. Your efforts, and the efforts of other volunteers, make it possible for us to expand our service capacity and helps us to enhance our community's park and recreational resources. To further assist us, please provide us with the following information.

**PLEASE PRINT AND COMPLETE ALL FIELDS:**

Volunteer Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail (optional) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please read and complete the information below:**

In consideration of being a volunteer for the Johnson County Park & Recreation District, I do hereby assume the risk of injury and all medical expense incurred from any injury resulting from my volunteer participation. I understand, acknowledge and agree I am not covered by Workers' Compensation insurance or benefits provided thereunder and I do hereby release, discharge and hold harmless Johnson County Park & Recreation District, its agents, representatives and employees, from any and all claims whatsoever, known or unknown, for damages or injuries to myself.

\_\_\_\_\_  
Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (Required if volunteer is under 18) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Project Date \_\_\_\_\_ Project Location \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_ # of Hours \_\_\_\_\_

Name and Title of Project Supervisor \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

Data Entry Date \_\_\_\_\_ Data Entered By \_\_\_\_\_