



# VOLUNTEER HOLD HARMLESS FORM

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 & enhance our community's park & recreational resources. To further assist us, please provide us with the following information.

**Division(s) Volunteering for:**  Children's Services  Culture (Museum/Theatre)  Parks & Golf Courses  
 Recreation  Safety & Outdoor Education  Other: \_\_\_\_\_

**PLEASE PRINT & COMPLETE ALL FIELDS:**

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

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

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

As a volunteer for Johnson County Park & Recreation District, I do hereby assume all risk of injury & medical expense incurred from any injury resulting from my volunteer participation. I understand, acknowledge & agree I am not covered by Workers' Compensation insurance or benefits provided thereunder & I do hereby release, discharge & hold harmless Johnson County Park & Recreation District, its agents, representatives and employees, from any & 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

*\*typing my name above serves as my signature, for legal purposes pertaining to this Hold Harmless form*

<b>FOR OFFICE USE ONLY</b>	
Project Date _____	Project Location _____
Project Description _____	
_____	
Supervisor Name & Title _____	# of Hours _____
Division/Location _____	Data Entry Date _____ Entered by _____