



**VOLUNTEER HOLD HARMLESS FORM**

7900 Renner Road  
Shawnee Mission, KS 66219  
Phone (913) 826-3412  
Fax (913) 826-3414

Thank you for volunteering with the Johnson County Park & Recreation District (JCPRD). Your efforts & 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.

**PLEASE PRINT & COMPLETE ALL FIELDS:**

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

Address \_\_\_\_\_

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

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

**EMERGENCY CONTACT INFORMATION:**

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

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

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

As a volunteer for JCPRD, I do hereby assume all risk of injury or death & medical expense incurred from any injury or death resulting from my volunteer participation, **including but not limited to illness, injury or death arising from exposure to the Novel Coronavirus (COVID-19)**. I understand, acknowledge & agree I am not covered by Workers' Compensation insurance or benefits provided thereunder & I do hereby release, discharge & hold harmless JCPRD, its agents, representatives and employees, from any & all claims whatsoever, known or unknown, for damages or injuries to myself, **including but not limited to claims arising from exposure to COVID-19**. Further, I agree to adhere to the Center for Disease Control & Prevention (CDC) and health department social distancing and sanitation guidelines.

\_\_\_\_\_  
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/Title-Project Supervisor _____	
Department _____	Phone _____
Data Entry Date _____	Data Entered By _____