



Amazing Grace Park Volunteer Waiver

Signature of this waiver is required by all volunteer participants prior to beginning volunteer service. Volunteers must be at least 16 years of age at the time of volunteer service unless supervised by a parent or legal guardian. In consideration of my participation in volunteer activities involving Amazing Grace Park, I do hereby declare myself to be medically able to participate in volunteer activities for AGP. I understand that there may be risks involved in all physical activities, and I agree to familiarize myself with all equipment, rules, and physical demands related to the activities that I undertake. I agree to hold Amazing Grace Park and Marion County free from all liability and/or claims for injuries or damages to property or to person. I hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of Amazing Grace Park. Medical Treatment Consent: I also consent to emergency medical treatment if necessary. I agree to waive and relinquish all claims against Amazing Grace Park and Marion County incurred by any emergency treatment provided. Media Consent: I further agree to allow for the publication of any photos/media taken while engaged in volunteer activities for park marketing, promotional, and programming purposes. I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the volunteer waiver and medical treatment consent.

Name of Volunteer (Please print)

Age (optional)

Volunteer's Signature

Date

Signature – Parent/Custodian if under 18 years.

Relationship Volunteer

Contact Information

Phone number: _____ Email Address: _____

Address: _____
