Volunteer Service Waiver		Date:
agree to volunteer my services to the City of Che	ester Parks and	Recreation Department.
I understand my schedule will be as stated in the Ado changes to my schedule are subject to the approval, i		
I acknowledge that there is no salary or other comperservices as a volunteer. Rewards or prizes for volunte however, the City is not responsible for the payment of	eer service to the	e City may be offered by other persons;
The City's Worker's Compensation Insurance will not agree to release the City from any liability whatsoever other unexpected events or occurrences causing injurcity or gross negligence on the part of the City.	r arising out of o	or in any way resulting from accidents, injuries o
I also acknowledge and agree that my services are properties or for no reason and at any time by the		
Group Name:		
Volunteer's Name (Print):		Date of Birth:
Mailing Address:	City:	State: Zip:
Phone: Alt Phone:	Email:	
Emergency Contact:	TER	nergency Contact Phone:
Volunteer's Signature:		
Adopt-A-Park Staff Signature:		