



Leawood Parks and Recreation Department VOLUNTEER AGREEMENT FORM

I the undersigned have requested that I be able to participate in volunteer work with the City of Leawood that may include litter removal or other tasks/events/projects. All children under 18 must be supervised by a parent or guardian. The City is not responsible for the supervision while on these duties.

I understand that these duties may include taxing indoor and /or outdoor work, and that I may be exposed to dust, other allergens as well as poison ivy and animals of all types. I agree that if I have any question of whether I should participate in this activity, which I should consult with my physician. By signing this statement, I agree that I know of no reason why I should not participate in this activity.

I hereby waive and release for myself, my heirs, my executors and assigns, any and all claims and right for claims for damages that I may have against the City of Leawood, Kansas, it's agents, officers and employees, for any and all injuries or damages to person or property suffered by me in connection with my participation in litter removal events and/or other projects due to the fault or negligence of the City, in whole or in part, to they extent allowed by law.

Signature of parent or guardian is required for minors to participate. If parent is signing, parent acknowledges the above information and potential hazards of this project and agrees that he or she has sought appropriate medical advice for any questions that they may have regarding their child's ability to participate and that they know of no reason why the child should not participate. On behalf of their child, they do waive and release any claims the child may have as stated above. I also acknowledge that no form of compensation will be given by the City of Leawood for this volunteer participation.

Participant's Name (Printed)

Participant's Signature

Date

Participant's Address/City/Zip

Phone Number

Parent/Guardian's Name (Printed)

Parent/Guardian's Signature

Date

Emergency Contact Person

Contact's Phone Number

Additional Participants _____
