Palos Hills Community Resource & Recreation Department

8455 West 103rd Street
Palos Hills, IL 60465
Phone (708) 430-4500
Fax (708) 430-8376
Website: www.paloshillsweb.org

Volunteer Information Form

Last Name:_____ Adult First Name:_____

Street Address:_____

City:_____ Zip:_____ Emergency Name:_____

Home(__)_____ Work/Cell(__)_____ Emergency(__)_____

Please read this form carefully and be aware that signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the Palos Hills Community Resource & Recreation Dept. program , I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such Programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Palos Hills Resource & Recreation Dept. and its offers, agents, servants, local sponsors, and employees. I agree to allow the Palos Hills Resource & Recreation Dept. to use my family and I in any photo, audio and/or videotape for any publicity used by the City of Palos Hills. I do hereby fully release and discharge the Palos Hills Resource & Recreation Dept. and its officers, agents, servants, and employees from any and all claims sustained by me and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the Program details on the reverse side. I have read and fully understand the Waiver and Release of all claims information. In the event of an emergency, I authorize the City of Palos Hills Community Resource Department to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary to my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the permission to secure treatment.

X_____ _____

Participant SIGNATURE (All Adults 18 Years and Older) Date

Activity Name	Volunteer's Last Name	Volunteer's First Name