

Volunteer Waiver and Release

For volunteers under 18 years of age

l,	give full permission for	
(parent/guardian name)		(volunteer's name)
to volunteer with the Champaign I	Park District. I understand	that my child has received a copy of the
Champaign Park District Volunteer m	nanual, and is responsible for	following all rules, regulations, policies, and
procedures contained within. I furth	her understand that not all	hazards can be eliminated, and that these
hazards may include, but are not limi	ited to, lifting, use of hand to	pols, interaction with members of the public,
and/or inclement weather. I understa	and that these volunteer acti	vities may result in illness, injury, or death.
Accordingly, participation shall be en	ntirely at the volunteer's and	parent/guardian's own risk. I have read and
understand the above important info	formation. On behalf of my	minor child/ward, I agree to forever release
and hold blameless the Champaign P	Park District and its officers a	nd agents from any and all claims, now or in
the future, for injuries or losses suffe	ered by my minor child that r	may occur as a result of his/her activities as a
volunteer.		
Participant's Name		
r articipant 3 Name		
Parent/Guardian's Name		
	/ /	_
Parent/Guardian's Signature	Date	