<u>ACTIVITY CENTER APPLICATION FOR JUNIOR LEADER</u>

Have you ever volunteered for Activity Centers?   Yes ☐   No ☐
Do you enjoy working with young children?   Yes ☐   No ☐

Full Name: _____ Age: _____

2020-2021 School Year Grade: _____ (Must be going in to 7th grade or older)

School you wish to volunteer at:_____   _____
                                                1st choice   2nd choice

Parent / Guardian:

_____

Mailing Address:

_____ City: _____ State: _____ Zip: _____

Telephone (Home):_____ (Work):_____

          (Cell):_____

We appreciate your willingness to assist with this worthwhile community program.

***Remember that by signing up to be a Junior Volunteer you are stating that you will be helping the Activity Center leaders with all activities, you will not be more work for them.

I recognize and acknowledge that there are certain risks of physical injury and/or death to participant in this program, and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with this program. Further, I waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with this program, regardless whether the activity involved is supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the program. Nothing in this release shall be intended to release the Park District from responsibility for fraud or willful injury to person or property, nor for any violation of law. This release is intended to and release any claims for negligence and/or non-willful or non-criminal claims
I have read and fully understand the above agreement outlining my assumption of risk and waiver and release of all claims.

Signature of Parent/Guardian:

_____Date:_____