



# CITY OF MADISON

## VOLUNTEER WAIVER

(Please print, Fields with an \* are REQUIRED)

\*Full Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

Name

Relationship

Contact Number

Volunteer

Program(s)/Event(s): \_\_\_\_\_

\*\*\*\*\*

## **VOLUNTEER RESPONSIBILITIES**

The following list of responsibilities are to be adhered to by all volunteers:

1. Always act in a professional and respectful manner and display good sportsmanship.
2. Be safety conscious at all times.
3. Be courteous to all persons with whom you come in contact.
4. The use of alcohol and controlled substances is absolutely prohibited while volunteering for any City events and programs.
5. Always check in and out with your designated supervisor.
6. A commitment to attend all scheduled assignments is mandatory.
7. I agree to assume all risk of injury and other loss to myself and I waive and release all liability claims against the City of Madison and all of its other volunteers, agents, and employees. I hereby hold them harmless for any personal injuries, damages to personal property, or other losses of any kind arising out of my participation as a volunteer.

\*Signature of Volunteer \_\_\_\_\_ \*Date \_\_\_\_\_

\*Parent/Guardian Signature \_\_\_\_\_ \*Date \_\_\_\_\_  
(If under 19 years of age)

***“You make it happen.....We appreciate you! Thank you!”***