

MILLER SPRINGS NATURE CENTER



Group Volunteer Application



CONTACT INFORMATION:

School or Group Name					
Contact Name				Date	
Address					
City		State		Zip Code	
Total # of People Volunteering		Cell Phone			
Email					

Date of Work To Be Performed	
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Brief Description of Work To Be Completed:

Supplies Needed?	Yes	No
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If yes, list supplies needed:

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Group Volunteer Application Liability Waiver



I understand that the activities offered by the City of Belton may involve strenuous, physical activity which can result in property damage, bodily injury or death to myself or my child(ren) or ward(s). I understand and agree that the City of Belton, the Parks and Recreation Department, and their respective agents, employees, officers, directors, and instructors (The City) are not undertaking responsibility to oversee these activities, or to guarantee that such activities are free from risk of injury, loss, or damage to either persons or property. In consideration of the City's furnishing services, equipment and/or facilities, I hereby expressly assume all risk of loss, injury, or death for myself and my child(ren) and ward(s) who participates in or attend City of Belton programs /activities, the Parks and Recreation Departments programs/activities. On behalf of myself, my child(ren), my ward(s) or heirs, assigns, and personal representatives, I agree to release, relief, indemnify and hold harmless the City against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney's fees for the defense of such claims and demands arising as a direct or indirect result of the use of City facilities, or participation in or attendance at City of Belton programs/activities, the Parks and Recreation Departments programs/activities, by myself, my child(ren) or my ward(s). In case of any such claim, I agree to defend the action or proceeding by counsel acceptable to the City.

I am aware that this is a release of liability which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

Name (first and last)	Emergency Contact Phone #

All individuals who plan to attend your group's volunteer day must be listed above.
Only those listed are permitted to perform volunteer work.

To be completed by Parks and Recreation Department	
Approved	Disapproved
Director of Parks & Recreation:	