

THIS WAIVER MUST BE COMPLETED BEFORE VOLUNTEER ASSISTANCE IS BEGUN
MAYOR'S VOLUNTEER PROGRAM

WAIVER FOR TEEN/ADULT VOLUNTEERS

In consideration of the opportunity afforded to my/my child's participation on a voluntary basis in the Mayor's Volunteer Program, I waive any right, claim, claim of responsibility or liability, or cause of action arising as a result of my/my child's participation in this program from which any liability may or could accrue against the City of Tulsa, its officers, employees or representatives, collectively or individually. Without limiting the generality of the above, I agree that this waiver shall include any rights, claims, claims of responsibility or liability or causes of action resulting from personal injury to me/my child's or damage to my/my child's property sustained in connection with my/my child's activities in this event, and agree to indemnify City of Tulsa, its officers, employees or representatives from any such claims.

PHOTO/VIDEO RELEASE

I also give permission to the City of Tulsa to use photographs, and/or video, and/or audio of me/my child obtained while participating in this event. I release the City of Tulsa, its officers, employees or representatives from any and all liabilities arising from the use of these items for publicity purposes and waive the right to negatives, photos, tapes and reproductions, as well as waive my/my child's right to inspect or approve the finished photographs and/or tapes.

MEDICAL RELEASE CONSENT FORM

In case of emergency, please notify:

Name _____ Relationship _____

Employer _____

Address (during the day) _____

Business Phone _____ Home Phone _____

PERSONAL MEDICAL INSURANCE INFORMATION

Name of personal physician _____ Physician's phone _____

Insurance Company _____ Policy number _____

Name of Policy Holder _____

Print Volunteer's Name

Volunteer's Signature (or Parent/Guardian's Signature if Volunteer is a Minor) Date