

GEAUGA PARK DISTRICT VOLUNTEER WAIVER

NAME: _____
(If registering for a group, list group name and adult leader)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

IN CASE OF EMERGENCY, NOTIFY:

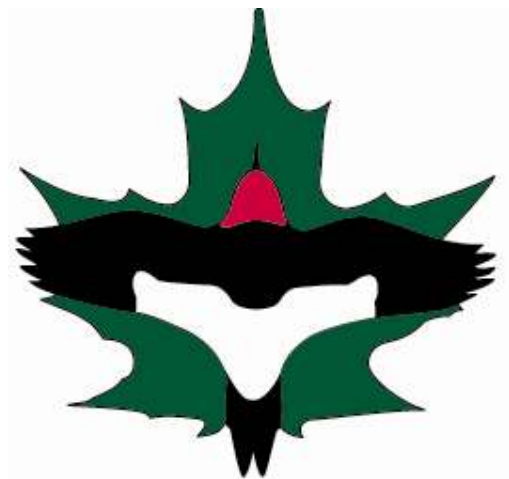
NAME: _____ PHONE: _____

WAIVER

The undersigned individual does hereby release, discharge and acquit Geauga Park District, its Board and any employees and agents from any and all liability which may arise from their and/or their minor's role as a Volunteer. The undersigned authorizes the use of any photos taken of themselves for Park District promotions and publications. It is understood that the undersigned exercises the waiver knowing fully the circumstances of the activity, and knowing, accepts any risk involved therein.

SIGNED: _____
(if under 18, parent or guardian must sign)

DATE: _____



**GEAUGA PARK
DISTRICT**