

City of Auburn, Alabama Parks & Recreation Volunteer/Intern Waiver and Release Agreement

Volunteer/Intern Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (C) _____ (H) _____

E-mail: _____ Emergency Contact Name & Phone Number: _____

I, _____ (Print Name), want to volunteer/intern with the City of Auburn, Alabama to perform the following activities (Describe): _____

The above described activities shall be performed between the following dates:

_____ and _____

Do you need a modification because of a disability in order to volunteer? Yes No

I do hereby fully waive, release and discharge the City of Auburn, Alabama, its officials, officers, agents, servants, representatives, and employees from any and all claims for injuries, damages or loss I may sustain or which may accrue to me arising out of, connected with, or in any way associated with my activities as a volunteer/intern.

I fully understand that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of the performance of my volunteer/intern activities.

In the event of an emergency, I authorize the City of Auburn, Alabama, to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROVISIONS OF THIS WAIVER AND RELEASE AGREEMENT.

Full Name of Volunteer/Intern (Print): _____

Volunteer/Intern Signature

Date

Parent Signature (If Volunteer/Intern is under the age of 19)

Date

City of Auburn, Alabama Representative

Date

**City of Auburn, Alabama Parks & Recreation
Volunteer/Intern COVID-19 Waiver
Effective June 3, 2021**

PARKS & RECREATION DEPARTMENT COVID-19 REQUIREMENTS

- Volunteer/Intern has not been in contact with anyone who has a confirmed case of COVID-19 in the last 14 days.
- Volunteer/Intern agrees to stay home if they are sick.
- Volunteer/Intern agrees to sanitize hands upon entry into the facility.
- Volunteer/Intern agrees not to use the facility's water fountain, but can use the bottle filler.
- Volunteer/Intern understands that masks are encouraged for individuals who have not been fully vaccinated.

I acknowledge that I have read and understood the City of Auburn, Alabama's COVID-19 requirements. I agree to adhere to these requirements as a condition to my participation as a volunteer/intern in the City of Auburn Parks & Recreation Department's programs and events. I acknowledge and understand that my failure to abide by these COVID-19 requirements may result in my dismissal from City of Auburn, Alabama as a volunteer/intern. I acknowledge and understand that adherence to the COVID-19 requirements in no way guarantees that I will not be exposed to a COVID-19 infection.

Volunteer/Intern Signature

Date

Parent Signature (If Volunteer/Intern is under the age of 19)

Date