



BEST VOLUNTEER PROGRAM



VOLUNTEER EVENT AGREEMENT AND CONFIDENTIAL PARTICIPANT RISK/RELEASE FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

CELL PHONE: _____ WORK/HOME PHONE: _____

AGE 0-17 18-35 36-45 46-55 56-65 66-74 75+

Volunteer Acknowledgement

I understand that I am not an employee of Butler Soil & Water Conservation District and that any duties I perform are as a volunteer. I understand that I will not be reimbursed for mileage or any other expenses. I agree to abide by the procedures and bylaws set forth by Butler SWCD while performing my assigned work duties. Some volunteer assignments require a background check. If applying for such a position, I understand I will be notified of this fact and will be required to give the Butler SWCD permission to have this done.

Risk & Release Waiver

I recognize there are certain risks of injury as a result of my (or my child's) participation in this volunteer activity. I agree to assume the full risk of any injuries, damages, or loss which I (or my child may) sustain as a result of participating in any and all of the activities connected with or associated with this program, or products provided, including allergic reactions to foods consumed. I agree (for and on behalf of myself and my child/ward) to, and do hereby waive and relinquish any and all claims against, and agree to full release, hold harmless, and indemnify, The Butler SWCD Board of Supervisors, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any description, which I (or my child/ward) may sustain arising out of, or in any way associated with my (or my child's/ward's) participation in Butler SWCD's BEST Volunteer Program.

Consent to Treat

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) Butler SWCD to obtain first aid and/or medical treatment at the nearest and most adequate facility of Butler SWCD's choice. This release is competed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances for myself, or in my absence, for the minor child/ward listed.

Photo Release

I authorize the Butler SWCD staff to publish, in print, electronic, or video format, the likeness or image of myself or my child/ward, without limitation.

I agree to these conditions:

SIGNATURE: _____ DATE: _____
(If participant is a minor, the parent(s)/guardian(s) must sign)
PRINT NAME: _____ Relationship to participant if under 18 _____

In case of emergency contact:

NAME _____ CELL PHONE _____ WORK PHONE _____

NAME _____ CELL PHONE _____ WORK PHONE _____