



**ADULT VOLUNTEER CONSENT, LIABILITY, RIGHT OF PUBLICITY WAIVER
THE CITY OF SAINT PAUL, DEPARTMENT OF PARKS AND RECREATION**

Group Name, if applicable: _____

Volunteer Name: _____

Volunteer Position or Task: _____

I, _____ understand that my participation as a volunteer serves as my consent that I have read, understand and agree with the volunteer duties that I have had an opportunity to review or ask questions about. By my signature I declare my understanding and intent to fulfill all duties as and adhere to the regulations laid out to me. I agree to represent the City of Saint Paul as a volunteer with appropriate accordance to professional conduct, acting with respect and decency at all times and to all citizens.

Signature of Volunteer or Group Representative

Date Signed

I agree that the City of Saint Paul shall not be liable for the payment of any wages, salary or other employment benefits to me. I am volunteering my time in exchange for the opportunity to work with the City of Saint Paul Department of Parks & Recreation. I agree to waive and release the City of Saint Paul, through its Department of Parks & Recreation, its employees, officers, directors, and agents from any and all claims, liabilities, losses, damages, costs, and expenses resulting from injury or death to me or damage to my property arising out of my volunteer duties and/or travel to or from my work site. I agree that while donating my time to the City of Saint Paul, I will not be under the influence of alcohol or drugs, unless such drugs are legally prescribed by a medical provider, in accordance with their prescription, nor shall I undertake any activity while I am working as a volunteer which may be deemed to be illegal, immoral, contrary to public policy, or which in any way may harm, defame, or slander the reputation of the City of Saint Paul.

We (or I), the undersigned, understand that we (or I) recognize that the City recommends that we should have our own medical or health insurance and that the City will not and does not provide insurance or coverage for me in the event we are injured. I also recognize that the City does not provide any benefits to me during my volunteer experience

Signature of Volunteer or Group Representative

Date Signed

RIGHT OF PUBLICITY

Participation in the Saint Paul Parks and Recreation volunteer program shall constitute permission to use the name, likeness or any other identification of the Participant in City publications, its city web page, official social media site, or any related purpose thereto, without compensation to or right of prior review or approval by the Participant or his/her parent or guardian (except where prohibited by law).

Signature of Volunteer or Group Representative

Date Signed

Signature of Parks Employee Receiving Document

Date Received