



VOLUNTEER AGREEMENT FOR AN ADULT

The undersigned, _____, being 18 years of age or older, does wish to participate in the Summit Metro Parks volunteer program and in consideration of being allowed to participate in said program, intending to be legally bound, hereby for myself, my heirs, executors, administrators and assigns, voluntarily assume all risk of accident or injury and release and forever discharge Summit Metro Parks, together with its servants, agents, employees, Commissioners, successors, assigns, affiliated entities and insurers from any and all liability for bodily injury or property damage of any kind sustained in association with the participation in said program, whether such bodily injury or property damage is caused by the negligence of Summit Metro Parks, or their servants, agents, employees, commissioners, successors, assigns, affiliated entities and insurers, or otherwise.

I covenant and agree to indemnify and hold harmless Summit Metro Parks, together with its servants, agents, employees, Commissioners, successors, assigns, affiliated entities and insurers from all liability, loss and expense including but not limited to, damages, legal expenses and costs of defense, in any matter arising from the participation of the undersigned in the program referenced above.

I agree that I will abide by all of the applicable rules and regulations promulgated by the Summit Metro Parks.

APPEARANCE RELEASE:

I agree to participate and grant permission to photograph, record and use my name, likeness, movements and voice (hereinafter "likeness") for purpose of development, production, distribution, exhibition, advertising, publicity, promotion and other commercial or non-commercial uses of Summit Metro Parks. I assign and transfer to Summit Metro Parks all of our interest in the copyrights and the photographs and/or audio-visual works in which my likeness appears.

____ agree ____ disagree

I verify I have read this consent and with my free will and full understanding of the terms agree.

REGISTRATION INFORMATION:

Participant's Name: _____ Age: _____

Email: _____

Zip Code: _____

Phone #: _____ (Home) _____ (Cell)

Emergency Contact Name: _____ Relationship: _____

Phone #: _____ (Home) _____ (Cell)

Participant's Signature

Date