



Volunteer Registration Form 2017 Holiday Parade



Please print all information and bring form with you on your first day of volunteering. You will not be permitted to volunteer without this form on file at Laguna Niguel Parks and Recreation Department.

PARTICIPANT'S NAME: _____
LAST FIRST MI

AGE: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (H) _____ (W) _____ (C) _____

E-MAIL ADDRESS: _____

EMERGENCY INFORMATION:

Medications: _____ Allergies: _____

Any physical, mental or medical limitations: _____

Doctor's Name: _____ Phone #: _____

EMERGENCY CONTACT *(if under 18, list parent or guardian):*

_____ Phone: _____

READ THE REVERSE SIDE OF FORM BEFORE SIGNING!

I have read, understand and agree to the Medical Release, Liability Waiver and Photography/Video Release on the reverse side of this Volunteer Registration Form. I understand that I must act as a responsible volunteer and that I must abide by the rules set by City staff: 1) for my own safety, 2) for the safety of others and that failure to do so may result in loss of my position as a volunteer at this event. Volunteers are accepted and terminated at the discretion of City Staff.

Volunteer's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years old)

Please read the following and sign on the reverse side of this form. If the volunteer is under 18 years of age, parents/guardians please check box #1. If volunteer is over 18 years of age, please check box #2.

MEDICAL RELEASE

1) _____ I, the undersigned parent, or legal guardian of the minor...

2) _____ I, the undersigned...

... (Listed on the reverse side of this form,) consent to any X-ray examination, anesthetic, medical or surgical diagnosis tendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed to operate from the California Department of Public Health. It is understood that this authorization is given in advance of diagnoses, treatments, or hospital care being required but is given to provide the aforementioned medical/dental personnel authority to render care as they deem advisable. It is understood that efforts shall be made to contact the parent, guardian or emergency contact prior to rendering treatment, but that treatment will not be withheld if the parent, guardian or emergency contact cannot be reached.

LIABILITY WAIVER

1) _____ I voluntarily agree to have my child participate as a volunteer in the program listed on the reverse side of this form.

2) _____ I voluntarily agree to participate as a volunteer in the program listed on the reverse side of this form.

I realize that every precaution is taken to eliminate any injuries or hazards and that a competent supervisor is present; however, in the event of any injury to the Volunteer, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for personal property damage which may arise in connection with the program listed on the reverse side of this form, against The City of Laguna Niguel, The Laguna Niguel Community Services District and all of their officers, agents and employees.

PHOTOGRAPHY/VIDEO RELEASE

I permit the use of event photography and/or video of the Volunteer for media promotion.

SIGN ON THE REVERSE SIDE OF THIS FORM!