



WILLIAMSON COUNTY PARKS & RECREATION DEPARTMENT
VOLUNTEER AGREEMENT / WAIVER

Parks and Recreation

Date: _____

(Printed Name of Individual / Organization/Group)

FOR AND IN CONSIDERATION OF WILLIAMSON COUNTY'S AGREEMENT TO ALLOW ME TO PARTICIPATE IN ITS VOLUNTEER PROGRAM AT ITS AREA PARKS AND FACILITIES, I THE UNDERSIGNED ADULT 18 YEARS OF AGE OR OLDER, BINDING MY HEIRS, EXECUTORS, ADMINISTRATORS, ESTATE AND ASSIGNS, DO HEREBY RELEASE AND AGREE TO HOLD HARMLESS WILLIAMSON COUNTY, ITS PARKS AND RECREATION DEPARTMENT, AND ITS OFFICERS, AGENTS, EMPLOYEES, CONTRACTORS, VISITORS AND VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS THE "COUNTY"), FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS, DEMANDS, OR DAMAGES BASED ON INJURIES TO MY PERSON, PROPERTY, RELATIONS, OR INTERESTS ARISING OR RESULTING FROM ANY ACT, OMISSION, OR OCCURRENCE BY OR ASSOCIATED WITH THE COUNTY OR ANY OTHER PARTICIPANT IN THE VOLUNTEER PROGRAM WHILE PARTICIPATING IN THE COUNTY'S VOLUNTEER PROGRAM OR WHILE TRAVELING TO OR FROM THE PLACE AT WHICH SUCH ACTIVITIES WILL BE CONDUCTED.

BY SIGNING BELOW, I ACKNOWLEDGE, ATTEST, AND VERIFY THAT, TO THE BEST OF MY KNOWLEDGE, MY PHYSICAL AND MENTAL CONDITION AND FITNESS ARE ADEQUATE FOR ME TO SAFELY PARTICIPATE IN ANY AND ALL PORTIONS OF THE COUNTY'S VOLUNTEER PROGRAM FOR WHICH I HAVE VOLUNTEERED; FURTHER, I ACKNOWLEDGE AND AGREE THAT IF ANY HEALTH PROFESSIONAL, PHYSICIAN, OR ANY OTHER QUALIFIED INDIVIDUAL HAS ADVISED ME AGAINST FULL PARTICIPATION IN ANY AND ALL PORTIONS OF THE ACTIVITIES OR THE WORK ENVIRONMENT TYPICAL OF THE COUNTY'S VOLUNTEER PROGRAM, I KNOWINGLY ACCEPT AND ASSUME THE RISK OF SUCH PERFORMANCE AND PARTICIPATION. I ACKNOWLEDGE AND UNDERSTAND THAT I AM PARTICIPATING IN THIS PROGRAM ON A PURELY VOLUNTARY BASIS. I AGREE TO EXERCISE REASONABLE CARE IN CONNECTION WITH ANY WORK OR ACTIVITY OF THE COUNTY'S VOLUNTEER PROGRAM AND AGREE TO TAKE APPROPRIATE SAFETY PRECAUTIONS TO PROTECT MYSELF AND OTHERS, AS WELL AS ANY AND ALL COUNTY PROPERTY, FROM DAMAGE OR INJURY. I AGREE TO PROMPTLY NOTIFY THE COUNTY IN THE EVENT I SUSPECT OR OBSERVE ILLEGAL, UNPROFESSIONAL, DANGEROUS, OR DESTRUCTIVE CONDUCT OF ANY PERSON IN CONNECTION WITH THE COUNTY'S VOLUNTEER PROGRAM.

I UNDERSTAND AND AGREE THAT AS A VOLUNTEER, I AM NOT AN EMPLOYEE OF WILLIAMSON COUNTY, AND I AM NOT ENTITLED TO ANY COMPENSATION OR BENEFITS OF ANY KIND, EXCEPT AS OTHERWISE REQUIRED BY LAW.

Signature of Applicant

Date

IF APPLICANT IS UNDER 18 YEARS OF AGE, APPLICANT'S PARENT OR LEGAL GUARDIAN HEREBY AGREES TO THE ABOVE ON APPLICANT'S BEHALF AND EVIDENCES SUCH AGREEMENT BY SIGNING BELOW FOR THE "MINOR" APPLICANT INDICATING OUR JOINT ACCEPTANCE OF THESE TERMS:

Printed Name of Parent/Legal Guardian

Signature

Date

Office Use

Date received

Williamson County Parks and Recreation Employee