



**Stark County Park District (Stark Parks)
Short Term Volunteer Service Waiver**

*Signature of this waiver is required by all volunteer participants prior to beginning volunteer activities.
Volunteers must be at least 16 years of age at the time of volunteer service. Volunteers under 18 must be supervised by a parent or legal guardian.*

In consideration of my participation in volunteer activities in and around Stark Parks, I do hereby declare myself to be medically able to participate in volunteer activities for Stark Parks.

I understand that there may be risks involved in all physical activities, and I agree to familiarize myself with all equipment, rules, and physical demands related to the activities that I undertake.

I agree to hold Stark Parks and the Stark County Board of Park Commissioners (and their officers, agents, servants, employees, volunteers, and sponsors) free from all liability and/or claims for injuries or damages to property or to person.

I hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of Stark Parks.

Medical Treatment Consent: I also consent to emergency medical treatment if necessary. I agree to waive and relinquish all claims against Stark Parks and the Stark County Board of Park Commissioners (and their officers, agents, servants, employees, volunteers, and sponsors) incurred by any emergency treatment provided.

Media Consent: I further agree to allow for the publication of any photos/media taken while engaged in volunteer activities for park district marketing, promotional, and programming purposes.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the volunteer waiver and medical treatment consent. This waiver form is completed and signed of my own free will.

Name of Volunteer
(Please print or type)

Age
(optional)

Signature – **Parent/Custodian if under 18years.**

Relationship

Volunteer's Signature

Date

Volunteer Location: _____

Volunteer Date: _____

Volunteer Hours: _____

Return signed volunteer waivers to: **Stark Parks Volunteer Coordinator, 5712 12th Street NW, Canton, Ohio 44708.** Alternatively, this form may be faxed to: **(330) 409-8990 – Attn: Volunteer Coordinator.** Completed waivers must signed prior to beginning volunteer activity.