City of Surprise Day of Service

Volunteer projects will be from 8am-12pm on Saturday 10/10/2020

All volunteers are required to sign in at the Surprise Senior Center 15832 N. Hollyhock St Surprise, Arizona 85387

Volunteers are responsible for their OWN transportation to and from service project sites

All volunteers are to bring original signed consent form (along with any volunteer hour sign off forms) with them to the event.

* Have you participated in the Day of Service? Y / N
* Are you comfortable leading a project? Y / N

PROGRAM PARTICIPANT CONSENT FORM FOR MINORS

(Must be filled out completely in order for minor to participate)

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (for any contact needed on day of service):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_City of Surprise Day of Service October 10, 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the Legal Guardian for the above named Participant. I am over the age of 18 and have the legal authority to sign this consent form. I agree to allow the Participant to join and take part in the Program and I agree to the terms listed below. In consideration for the City accepting Participant into the Program:

1. I hereby waive and release the City of Surprise and its officials, officers, agents and employees from liability for any harm, injury, or damage which the Participant may suffer while participating in the Program. I waive these claims for myself, my children, the Participant, and our heirs, executors and assigns to the full extent allowed by law.
2. I agree to hold harmless, defend, and indemnify the City of Surprise and its officials, officers, agents and employees, from any damage or claim arising from the actions of Participant.
3. I assume all responsibility for making sure Participant is mentally and physically fit to join and take part in the Program. I realize that the City cannot and does not make this decision for me.

BY SIGNING THIS FORM, I CONSENT TO ITS TERMS. I REALIZE THAT BY SIGNING THIS FORM I AM GIVING UP LEGAL RIGHTS THAT I MAY HAVE IF SOMEONE IS INJURED OR PROPERTY IS DAMAGED DURING THIS PROGRAM.

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Printed Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_