Volunteer Registration and Waiver

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby represent that I agree to volunteer my services and time to the South Milwaukee Public Library (SMPL). I understand that I am not being paid and will be working as a volunteer. I understand that there are certain risks of physical injury in these activates and agree to assume full risk of any and all injuries that I may sustain as a result of participation. I agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in these activities against the City of South Milwaukee and the South Milwaukee Public Library including its officers, officials, agents, volunteers and employees. This also includes any event sponsors, organizers and organizations. I also give consent for the SMPL to use photos or videos of me and or my minor child for future publications and promotions.

I hereby certify that:

1. I am in good health and proper physical condition to participate
2. I am not under the influence of any prescription drugs or alcohol that would impair my ablitly to safely participate in the activity.
3. It is my responsibility to determine if I am fit and healthy to participate in the activity.

I certify that I have read this legallly binding waiver, am comptent and capable of executing this agreement and understand and agree to the terms above.

***\*\*\*\_\_\_: CHECK IF UNDER 18 YEARS OLD\*\*\****

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State:\_\_\_\_\_\_\_\_, Zip:\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DATE:\_\_\_\_\_\_\_\_\_\_\_