VOLUNTEER RELEASE FORM



Volunteers must read and sign below.

* As a volunteer, I will perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.
* As a volunteer, I will strictly observe all safety rules and use care in the performance of my assigned tasks.
* As a volunteer, I will treat everyone with respect, patience, integrity, courtesy, and dignity.
* While volunteering I will not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.
* As representatives of the City, volunteers, like staff, are responsible for presenting a good image to Citizens and to our community. Volunteers shall dress appropriately for the conditions and performance of their duties.
* As a volunteer, I agree to maintain the same standards of confidentiality regarding my duties that is expected of the paid staff.
* I hereby grant Pliking Inc. permission to use my likeness in a photograph on the Pliking Club websites and in any and all Pliking Inc. publications or promotional materials, whether in print or online, whether now known or hereafter existing, without payment or any other consideration in perpetuity.

I/we hereby release Pliking Inc., Ogden City, and its elected officials, offices, employees and agents, from any and all liability or obligation arising from, or in connection with the undersigned’s Volunteer activities with Pliking Inc. and Ogden City.

 PROJECT - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, Parent or Guardian Signature

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Print Name   |   | Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature  |   | Phone |