

VOLUNTEER REGISTRATION FORM

Nassau County Department of Parks, Recreation and Museums

NAME: _____ Email: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE #'S HOME _____ CELL _____

BIRTH DATE _____

In Case of Emergency: I authorize Nassau County or authorized person to provide such medical assistance as they determine necessary. I authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization that they deem necessary.

Emergency Contact: _____ Contact # _____

Name of Medical Insurance Company: _____

Any physical or medical limitations? _____ if so, specify _____

The participant or legal guardian signing below agrees that the County of Nassau or Event Organizers will not be liable for: any injuries sustained by the participant; any loss or damage to property owned by, or in the possession of, the participant; and any acts or omissions, negligence or fault of any person participating in the Event.

The participant or legal guardian signing below agrees that they:

- Will take reasonable care for their own safety
- Will not do anything to harm themselves or other volunteers
- Will use all safety equipment they are given
- Will obey all lawful directions and instructions of Nassau County employees or other officials
- Have told the Event Organizers of any pre-existing medical or physical conditions that might affect their participation in the Event
- Are not under the influence of drugs or alcohol

The Participant hereby releases and forever holds harmless the County, its agents and employees, from any and all liabilities of whatever kind and nature, by reason of sickness, infection, injury or death to the Participant and/or damage to the Participants property arising from the entrance onto or conduct of any activity upon the Subject Property.

IMPORTANT: If the volunteer/participant is under the age of 18 years, the parent or legal guardian must sign.

Volunteer Signature (18 years & over)

Volunteer Signature (if under 18 years of age)

Date

Parent/Guardian Signature (if required)