



Parks Department

88 South Park Avenue • Le Center, MN 56057
Office: 507-357-8201 • Fax: 507-357-4520

Adult Volunteer Waiver Form To be completed prior to volunteering.

Volunteer Name: _____ DOB: _____

Email: _____

Phone: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Volunteer Project/Location: _____

Group or Organization: _____

Authorization

- I hereby release all pictures of myself taken by Le Sueur County for promotional purposes and programming materials, including the Le Sueur County Parks social media and website.
- In the event that I may need immediate medical attention for injuries received while participating as a Le Sueur County Parks Volunteer, I authorize the staff or supervisors in its discretion to give reasonable first aid, and to transport to a health care facility for emergency services if needed.
- I acknowledge that by participating in a volunteer program, I may be exposed to certain risks including, but not limited to, adverse weather conditions, uneven terrain, encounters with insects, plants, and animals, etc., which could result in personal injury or property damage. I hereby assume such risks and release Le Sueur County from any claims arising from these program or volunteer activities.
- In consideration of Le Sueur County providing me the opportunity to participate as a volunteer, I hereby agree to release and hold harmless Le Sueur County, its employees, volunteers, and agents from claims of personal injury or property damage caused by the actions of the Le Sueur County, its officers, employees, volunteers, or agents.
- I have read or been offered a copy of the Le Sueur County Volunteer Handbook

Volunteer Signature: _____ Date: _____

Please return the completed form to Le Sueur County Parks prior to your volunteer date or to the site supervisor the day of your first volunteer duties.