



**PARKS AND RECREATION DEPARTMENT**



1819 Witzke Boulevard  
Appleton, WI 54911-8401  
920/832-5905 or 920/832-5910  
Fax 920/832-5950

**APPLETON PARKS & RECREATION  
DEPARTMENT VOLUNTEER  
WAIVER FORM  
(for individuals under the age of 18)**

I \_\_\_\_\_ give \_\_\_\_\_  
Parent/Guardian's Name Child's name  
permission to volunteer at the Appleton Parks and Recreation Department's Volunteer Project on  
\_\_\_\_\_ (date) from: \_\_\_\_\_ a.m./p.m. to: \_\_\_\_\_ a.m./p.m.  
at \_\_\_\_\_ (site).

I understand that \_\_\_\_\_ will report to \_\_\_\_\_  
Child's name Site Supervisor's name  
and/or \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
Site Supervisor's name

I will pick up \_\_\_\_\_ by \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_  
Child's Name  
\_\_\_\_\_ (site).

I agree to hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage expenses, costs, including attorney fees arising out of the activities performed at \_\_\_\_\_ (site). I agree to hold harmless the City of Appleton of any negligent act, anyone directly or indirectly employed by any of them or anyone whose acts may be liable, except where caused by the sole negligence or willful misconduct of the city. PLEASE NOTE: The City of Appleton does not provide insurance coverage for volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number  
(where you can be reached during the project)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

Received by: \_\_\_\_\_

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