



CITY OF AURORA, ILLINOIS

VOLUNTEER SERVICE RELEASE
PHILLIPS PARK ZOO VOLUNTEER/DOCENT PROGRAM

In connection with my volunteer work with the City of Aurora Department of Parks & Recreation at Phillips Park Zoo, I, PRINT NAME \_\_\_\_\_, hereby release and discharge the City of Aurora, the Friends of Phillips Park and the Phillips Park ZooCiety, its agents, officers, officials, employees and representatives from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have or which my heirs, executors, administrators or assigns may have or claim to have against the City of Aurora, its agents, officers, officials, employees and representatives for all personal injuries and property damage known and unknown, caused by or arising out of the above described volunteer activity.

I further waive any claim to compensation or indemnification from the City of Aurora, the Friends of Phillips Park and the Phillips Park ZooCiety for or arising out of the above volunteer activity. I understand and acknowledge that I am engaging in this activity as an unpaid volunteer, at my own request and risk and that I am not a City of Aurora employee, agent, official, officer or representative and am not entitled to any compensation, benefit or insurance coverage from the City, nor will I claim any from the City. I further acknowledge that I am familiar with the requirements of the volunteer program being offered and am capable to perform same and that I will perform the service required in compliance with the standards and specifications established, or approved, by the City of Aurora Parks Department, and will honor the direction of city officials to suspend or terminate my volunteer status and participation. I hereby consent to emergency transportation and medical treatment necessary in the event of injury or illness while serving as an unpaid volunteer for the City of Aurora Parks Department & Recreation Department at Phillips Park. I hereby accept full responsibility for the payment of any emergency transportation and treatment expenses and any subsequent medical bills.

I have read this volunteer release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

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

Volunteer Signature

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

City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Legal guardian signature (if under 18)

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_