

Adopt a Park Sign-In Sheet with Waiver & Release of All Claims and Assumption of Risk

Organization	າ:			_ Par	k:					Even	t Date: _		_	
Please email mmazza@orla		7 (days	of eve	nt to) Mike	Mazza,	Natural	Resources	and	Facilities	Operation	Manager,	at

Please read this form carefully (use additional sheets for more signatures, if necessary)

I offer to volunteer my services to the Village of Orland Park and recognize that I will not be paid in any way. As a volunteer, parent, or legal guardian of a volunteer I acknowledge that there are certain risks of physical injury to volunteers in their activities and I agree to assume full risk of any and all injuries, damages or loss that I may sustain as a result of said participation. I agree and covenant on behalf of myself and any minor child/ward of mine that I/we will not under any circumstances file any claim or suit against the Village or any of its agents, employees or representatives based on our voluntary participation in any Village activity. I do further agree to hold harmless, indemnify and defend the Village, it's trustees, officers, officials, agents, and employees from any claim, suit, demand or liability being asserted at any time in the future by myself or minor child/ward or on his/her behalf for any loss, costs or damages (including reasonable attorney's fees and costs of defense) resulting from the death, bodily injury or property damage suffered by myself or minor resulting from volunteer activities as outlined above. In applying to be a volunteer for a Village of Orland Park Adopt-A-Park program (or the parent of a minor child/ward offering to be a volunteer for such a program) I certify that I (or the minor child/ward) have neither been convicted of a sex offense nor found to be a child sex offender. Additionally, I hereby give consent for the Village of Orland Park to use photos or video coverage of me and my minor child/ward in future publications and promotions, and that these photos/videos remain the property of the Village of Orland Park.

Name	Organization	Address	Email Address	# of	Signature (If under 18,	Phone Number
(Please Print)		(Street, City, Zip)		Hours	need Parent Signature	