

Volunteer Waiver & Registration

Name:		Primary Phone:	
Addres	ess:	State	Zip
Email:	l:	_	
Emerç	rgency Contact Information		
Name:	e:	Relationship	:
Phone	e:		
I,	des	sire to serve as a volur	nteer on
for	(project description)		·
and ot	aware that my service might include extensions the duties, and I will take necessary precedent (initial)	•	<u> </u>
I freely	ly and voluntarily execute this release unde	er the following terms:	
1.	Assumption of Risk: As a volunteer, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or los that I may sustain as a result of participating in any and all activities connected with or associate with such project.		
2.	·		
3.	Medical Treatment: I hereby release and forever discharge the South Grand Community Improvement District from any claim which arises or may arise from any first aid, treatment, or service rendered to me in connection with my volunteer activities.		
4.		Grand Community Impleto insurance coverage	provement District does not carry o for my volunteer service. I
5.	-		
Signat	ature:		Date: