

CITY OF SATELLITE BEACH, FLORIDA



1089 South Patrick Drive
Satellite Beach, FL 32937
(321) 773-6458
FAX (321) 777-5207

Summer 2020

All Volunteers must complete this form prior to assisting an Instructor/Independent Contractor.

Name _____ Date of Birth _____

Address _____
(street, city, state, zip)

E-mail address _____ Phone #: _____

School attending _____

Name of Emergency Contact _____ Phone # _____

Name of Instructor/Independent Contractor you will be assisting _____

Name of Activity or Camp _____

Dates to Assist _____

I have accepted a position as a Volunteer with an activity administered by the Satellite Beach Recreation Department during 2020. The focus of my tasks will be to offer administrative assistance to the Instructor/Independent Contractor for the activity for which I am assisting. I will be watching and learning how to interact with students in the activity, but at no time will I be responsible for the students. Further, I understand that the Instructor/Independent Contractor can at any time ask me to discontinue my assistance, if in their opinion; I am not providing the services as described in this document.

I am aware of the recreation programs provided by the City of Satellite Beach Recreation Department and understand the inherent dangers involved with my participation in these programs and the dangers involved in transportation to and from these programs, including the risk of death and/or personal injury or damage to myself and/or my property while participating in such programs. Recreation staff and program instructors may photograph or videotape participants at our recreation programs, activities, or events. These photographs may be duplicated in City publications, flyers, brochures, City website, or video productions. I further understand and acknowledge that participants in such programs are not covered under insurance of the City, and that the City would not allow my participation in such programs absent my signing this release. I therefore, freely and voluntarily execute this release and with such knowledge, assume the risk of death, personal injury and/or property loss arising from or in any way connected with my participation in any recreation program offered by the City of Satellite Beach.

I authorize and grant permission to the representative of the City of Satellite Beach Recreation Department to obtain medical care from any licensed physician or hospital and/or medical clinic should I become ill or injured while participating in recreation activities away from home, or at other times when neither parent nor guardian is available to grant authorization for emergency treatment.

I hereby release and forever discharge the City of Satellite Beach, the City of Satellite Beach Recreation Department, and any and all agents of the department from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind to me or to my property as a result of my participation in the recreation programs of the City of Satellite Beach Recreation Department. I further waive, release, absolve and agree to indemnify and hold the City harmless, as a result of my participation in any recreation program sponsored by the City of Satellite Beach.

By signing below, I acknowledge having read the City of Satellite Beach's Accident Release and Financial Responsibility Waiver and the Volunteer task definition.

Volunteer Date

If volunteer is minor, Parent Signature Date