GROUP ROSTER AND LIABILITY WAIVER
FOR THE CITY OF PULLMAN

Our Organization, the _____, volunteers our services to the City of Pullman to perform only the services agreed to by the City. We understand that we will not be compensated for our work, but we volunteer to perform in a responsible manner.

We, as individual participants in this organization, agree to the following:

- That if I drive a vehicle to the volunteer site or during the course of my volunteer work, my personal vehicle insurance provides coverage.
- That I shall not appear for volunteer service under the influence of alcohol or illegal drugs.
- That I shall dress appropriately for weather and site conditions.
- That if no City personnel is present during the event, than I am to call 911 in the event of any emergency during the volunteer event, and that any injuries incurred during the event shall be reported to the City within two working days of the injury.
- That if I find anything hazardous or suspected to be hazardous, I shall not touch it, but shall flag the item for disposal by City personnel. I shall not pick up syringes, hypodermic needles, broken glass, or exceptionally large, heavy or unyielding objects.
- That the City has included my hours of volunteer service in the State Labor and Industries medical coverage for volunteer works.

And we further agree as follows:
In consideration of the opportunity the City has provided the Volunteer to engage in the activities referred to herein, the Volunteer, as evidenced by the initialed form below, agrees to indemnify and hold harmless, release and waive all claims he/she and/or his/her heirs, assignees, or other successors may have against the City, its officials, employees, its hired contracted instructors, agents, or other associated parties for any and all loss, liability, cost or damages arising out of or in any way connected with the Volunteer's activities. Further, Volunteers assume liability for any non-participants who accompany them.

Group Name: _____ Date: _____

Site/Program: _____ Department: **PARKS AND RECREATION**

VOLUNTEER'S NAME	PLEASE INITIAL	DUTY/DUTIES ASSIGNED	TIME IN	TIME OUT	TOTAL HRS WORKED

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