



Dear Monster Madness Volunteer:

Hello, it's time again for the Lisle Park District's "**MONSTER MADNESS**". The event will be held on **Saturday, October 21, 2017** and will run from 4pm-7pm. Please arrive at the **Recreation Center Athletic Space to check in at 3:30 p.m.** Please plan to stay **until approximately 8:00p.m.**

If you have a black Monster Madness T-shirt from a previous year, please wear it.

**It is required that each Volunteer has a signed waiver.** *Volunteers under age 18 must have the attached waiver signed by a Parent / Guardian.*

If you are available, please fill out the attached waiver and return it to the Recreation Center at 1925 Ohio St, Lisle by Monday October 16<sup>th</sup>. On behalf of the Lisle Park District and the residents of Lisle I would like to thank you for your time and consideration in volunteering for this event. I look forward to working with all of you!

Erica Wise  
Athletic & Youth Camp Manager

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**Please return the waiver to the Recreation Center or email to [ewise@lisleparkdistrict.org](mailto:ewise@lisleparkdistrict.org) by Monday October 16<sup>th</sup>**

**Thank you!!**

**Lisle Park District**  
**Volunteer Waiver and Release**  
**Important Information**

The Lisle Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteers' safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any recreational activity or program.

Please recognize that the Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness or injury that one consult with a physician before undertaking any physical activity.

**Warning of Risk**

Despite careful and proper preparation, instructor, medical advice, conditioning and equipment, there still is a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending on the activity, certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety.

**Waiver and Release to all Claims and Assumption of Risk**

Please read this form carefully and be aware that in signing up and volunteering for this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss to which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in the program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages of loss, regardless of severity, that I may sustain as a result of participation. I further agree to waive and relinquish all claims I may have as a result of volunteering in this program/activity against the Park District, including its officers, officials, agency volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

**I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original from signature.**

**Please Print or type:**

**Volunteers Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Have you ever been convicted of or found to be a child sex offender? Yes** \_\_\_\_ **No** \_\_\_\_

**Volunteers Signature:** \_\_\_\_\_

**Parent/Guardian Signature of anyone 18 Years or Younger** \_\_\_\_\_

**In Case of Emergency Contact: Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Date** \_\_\_\_\_ **EVENT/PROGRAM: Monster Madness-Saturday October 21<sup>st</sup>, 2017**

**Please Return to the Recreation Center or email to**  
**[ewise@lisleparkdistrict.org](mailto:ewise@lisleparkdistrict.org) by October, 16<sup>th</sup>!**  
**Thank you!!**