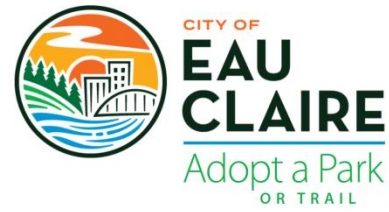


Adopt a Park or Trail Application



Today's Date _____

Name of Organization _____
(As it would appear on sign)

Contact Person (Group Leader) _____
(First & Last)

Mailing Address	Phone Number(s)	Email
_____	_____	_____
_____	_____	

Organization Website _____

Type of Organization Business School Neighborhood Associations
 Church Club Service Group Other _____

Interest Location for Adoption Northside Southside Westside
 Central/Downtown Other _____

Do you have a preference? Park Trail Other No Preference

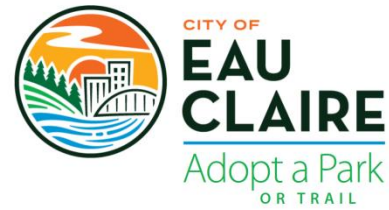
Estimated Number of Volunteers Adults _____ Kids (under 18) _____

What does your organization hope to gain from this experience? _____

Type(s) of projects your organization would like to accomplish? _____

I understand that this is an application for the Adopt a Park and Trail Program, and that an Eau Claire Parks, Recreation, & Forestry representative will contact me to finalize an agreement.

Adopt a Park or Trail Application



CITY OF EAU CLAIRE VOUNTEER SERVICES LIABILITY WAIVER AGREEMENT GROUP

Our Organization, the _____, volunteer our services to the City of Eau Claire 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.

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer. This Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

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

- _____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol.
- _____ If I bring any child(ren) with me under 14 years of age, I understand I will be held solely liable and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.
- _____ I agree not to go beyond the scope of volunteer work agreed to without authorization.
- _____ If I am to be trained on any activity that I am unfamiliar with, to learn the corresponding policies, it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
- _____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator

ADOPT-A-PARK STATEMENT OF AGREEMENT: I have read and agree to abide by the policies, regulations and safety recommendations as put forth by the City of Eau Claire Parks and Recreation in regard to the "Adopt-A-Park" Program. I understand that this is an application for the "Adopt-A-Park" Program and that the Volunteer Coordinator will contact me to finalize an agreement. In addition, I understand that the Volunteer Coordinator will make the final determination as to whether a group can participate and the final park assignment. I understand the Volunteer Coordinator will also have the authority to remove individuals/groups from the program if they do not adhere to the guidelines of the "Adopt-A-Park" Program. It is my responsibility to have all participants of my organization involved in the "Adopt-A-Park" Program sign the City of Eau Claire Parks and Recreation volunteer waiver form. Finally, I understand all of the rules of the "Adopt-A-Park" Program/park policies of the City of Eau Claire Parks and Recreation and failure to uphold these guidelines will jeopardize my group's involvement in the "Adopt-A-Park" Program.

TERMINATION: I understand that the City, or I may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program. I understand participation during the COVID-19 pandemic may result in further risk of health consequences. I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

Group Name: _____

Volunteer Location: _____

This agreement is will be in effect for the duration of my volunteer services beginning this date: _____

By: _____
City of Eau Claire

Group Contact Name: _____

Signature: _____

Address: _____

City, State/Postal: _____

Please return completed form to:

Eau Claire Parks & Forestry

c/o Volunteer Coordinator

915 Menomonie Street

Eau Claire, WI 54703

Or recvolunteers@eauclairewi.gov