

# The Amazing Eau Claire Clean-Up

## Saturday, April 20, 2024

### 9:00 am – 12:00 pm



#### VOLUNTEER PARTICIPANT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(This will be main form of contact)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_

Are you 18 or older?  Yes  No T-Shirt Sizes & Quantity: \_\_\_\_\_

Estimated number of volunteers: \_\_\_\_\_ Youth \_\_\_\_\_ Adult

#### STATEMENT OF AGREEMENT

As a representative of this organization, 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 Amazing Eau Claire Cleanup". I understand that this is an application for the "The Amazing Eau Claire Clean-up" 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 groups from the program if they do not adhere to the guidelines of the "The Amazing Eau Claire Cleanup". It is my responsibility to have all participants of my organization involved in "The Amazing Eau Claire Cleanup" sign the City of Eau Claire Parks and Recreation volunteer waiver form. Finally, I understand all of the rules of "The Amazing Eau Claire Cleanup" 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 "The Amazing Eau Claire Cleanup."

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (IF UNDER 18 YEARS OLD, A PARENT OR GUARDIAN MUST SIGN)

**Please complete registration AND liability waiver, then return by *Friday, April 12, 2024.***

**Email:** [recvolunteers@eauclairewi.gov](mailto:recvolunteers@eauclairewi.gov) **Fax:** (715) 839-5032

**Mail:** Eau Claire Park & Forestry c/o Volunteer Coordinator \* 915 Menomonie Street Eau Claire, WI 54703

Questions? Contact Claire Ystebo at (715) 839-5032 or [RecVolunteers@eauclairewi.gov](mailto:RecVolunteers@eauclairewi.gov)

#### FOR OFFICE USE ONLY

Assigned Area: \_\_\_\_\_

Organization: \_\_\_\_\_

Supplies: Garbage Bags      Mulch

Garbage Cans

Other: \_\_\_\_\_

This event is organized by Eau Claire Parks, Recreation & Forestry in partnership with Downtown Eau Claire, Inc.





# 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 the 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 at 839-5032.

**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 of these risks and in consideration of being allowed to participate in the City's Volunteer Program, I hereby agree as follows: 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, personal representatives, 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. I understand use of City of Eau Claire recreational facilities involves an element of risk or danger for all participants and may cause serious injury, death, or property loss.

\_\_\_\_\_ Group Name

\_\_\_\_\_ Volunteer Preferred Location

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

By: \_\_\_\_\_  
City of Eau Claire

\_\_\_\_\_ Name of Group Contact

\_\_\_\_\_ Representative's Signature

\_\_\_\_\_ Address

\_\_\_\_\_ City/State/Postal Code

\_\_\_\_\_ Phone

\_\_\_\_\_ E-mail

**Please return completed form to:**  
Eau Claire Parks & Forestry  
c/o Volunteer Coordinator  
915 Menomonie Street  
Eau Claire, WI 54703  
Or [recvolunteers@eauclairewi.gov](mailto:recvolunteers@eauclairewi.gov)



# CITY OF EAU CLAIRE VOUNTEER SERVICES LIABILITY WAIVER AGREEMENT INDIVIDUAL

This Agreement is made, by and between the City of Eau Claire, hereinafter referred to as the "City" and \_\_\_\_\_ hereinafter referred to as the "Volunteer".  
(VOLUNTEER NAME)

**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, including but not limited to, \_\_\_\_\_.

**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.

In consideration of the City giving me permission to perform these volunteer services, I understand that: (please initial each):

\_\_\_\_\_ 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 the 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.

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\_\_\_\_\_  
Individual Name

\_\_\_\_\_  
Volunteer Preferred Location

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

By: \_\_\_\_\_  
City of Eau Claire

\_\_\_\_\_  
Name of Individual Contact

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Postal Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

**Please return completed form to:**  
Eau Claire Parks & Forestry  
c/o Volunteer Coordinator  
915 Menomonie Street  
Eau Claire, WI 54703  
Or [recvolunteers@eauclairewi.gov](mailto:recvolunteers@eauclairewi.gov)