

The Amazing Eau Claire Clean-Up

Saturday, April 25, 2020

9:00 am – 12:30 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

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 "The Amazing Eau Claire Cleanup". I understand that this is an application for the "The Amazing Eau Claire Cleanup" 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 hold up the guidelines of the "The Amazing Eau Claire Cleanup". It is my responsibility to have all participants of my organization involved in the "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 "The Amazing Eau Claire Cleanup" park policies of the City of Eau Claire Parks and Recreation and failure to up hold 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 form, then return by *Friday, April 17, 2020*

Email: marybeth.berry@eauclairewi.gov

Fax: (715) 839-1685

Mail: Eau Claire Park & Forestry c/o Marybeth Berry * 910 Forest Street Eau Claire, WI 54703

Questions? Contact Marybeth Berry at (715) 839-5039 or marybeth.berry@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 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 at 839-5039.

TERMINATION: I understand that I or the City 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 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

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 Marybeth Berry
910 Forestry Street
Eau Claire, WI 54703



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 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
_____.

TERMINATION: I understand that I or the City 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 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.

Volunteer

Volunteer Location

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

By: _____
City of Eau Claire

Representative's Signature

Address

City/State/Postal Code

Phone

E-mail

Please return completed form to:

Eau Claire Parks & Forestry
c/o Marybeth Berry
910 Forestry Street
Eau Claire, WI 54703