

Date:

Staff Initials:

CITY OF BURBANK VOLUNTEER PROGRAM / SPORTS VOLUNTEER PROGRAM

Burbank Volunteer Program Enrollment Form 1301 W Olive Ave, Burbank CA 91506 Phone: (818) 238-5370 Fax: (818) 238-5388

FOR SPORTS VOLUNTEERS ONLY			
Team Name/Division			
Season (please circle)			
Deadline:			

	230 3370 Tax. (010, 230 3300	Season	(ріеа	se circle)			
BVP@burbar	nkca.gov		Deadline	e:				
Check the box	kes that apply:							
_	teer Coach al BVP Voluntee	r Program		Minor (Under 18 years of age)Adult (18 years and older))		
Data								
Date:								
						 •		
		E-ma	il Address:					
Birth Date: _	//							
	_							
	S. Veteran? 🗆 No							
Physical Limi	tations you wish	to disclose: No	□ Yes _					<u></u>
Emergency C	Contact Name:							
Relationship	:							
Phone Numb	oer:							
FOR BVP VOL	UNTEERS ONLY (N	NOT NEEDED FOR YO	UTH SPORTS	VOL	UNTEERS):	:		
Driver's Lice	nse Number:							
Auto Insuran	ice Company:							
l Do Not Driv	re: 🗖							
For Office L	Jse Only:							
	1st Contact	Interview Date 2 ^r	d Contact		upervisor ontact	Inactive Sent	Letter	Terminated
Date:								
Staff Initials:								
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	Enrollment Form Received	LiveScan N Complete	CSI Complete	R	eceived TS	Entered Vol Reporter	unteer	Scanned

WAIVER & RELEASE OF LIABILITY MEDICAL EMERGENCY TREATMENT

The undersigned is voluntarily participating in the City of Burbank Volunteer Program, subject to the City's sole discretion and approval. In consideration of being allowed to participate as a volunteer, the undersigned acknowledges and agrees that:

I have voluntarily applied to participate in this program. I promise to adhere to the rules established for the program.

I acknowledge that the City of Burbank has obtained the following insurance policies which may apply to me in the event of a covered accident or occurrence that occurs during the course and scope of my duties as a program volunteer: Accidental Death and Dismemberment Coverage and Excess Accident Medical Expense Coverage for personal injuries; and Volunteer Excess Automobile Liability Insurance and Excess Volunteer Liability Insurance. I understand that the City pays for these policies, and there is no cost to me as a volunteer. The City may make changes to such policies, and will notify me in the event of a change.

I am voluntarily participating in this program with knowledge of the risks involved. I hereby agree to accept any and all risks of injury, death, or property damage associated with my participation in this program. I am responsible for understanding how to properly perform tasks within the course and scope of my volunteer duties, and will inquire if I am unsure of proper performance. I will not perform tasks that are beyond my ability.

I grant the City of Burbank permission to use my photographs and images (including video images) for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

As a condition of the City of Burbank's permitting me to participate in this program, I HEREBY AGREE that, to the maximum extent of the law, I and my heirs, distributees, guardians, legal representatives, and assigns WILL NOT MAKE A CLAIM AGAINST, SUE, OR PROSECUTE the City of Burbank, its officers, agents, and employees for any injury, death or property damage that I may sustain as a result of my participation in this program, except for claims arising out of the gross negligence or willful misconduct of the City.

In addition, I HEREBY RELEASE AND DISCHARGE the City of Burbank, its officers, agents, and employees from and against ALL ACTIONS, CLAIMS, OR DEMANDS for any injury, death or damage resulting from my participation in this program, except for claims arising solely out of the gross negligence or willful misconduct of the City. This release and discharge applies to myself, my heirs, distributes, guardians, legal representatives, and assigns.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND THAT I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY BETWEEN MYSELF AND THE CITY OF BURBANK, AND I SIGN IT OF MY OWN FREE WILL.

By my signature	e below, I hereby certify that I	I am eighteen (18) years of	f age or older.	
I am under the	age of eighteen (18) years. I	My parent/guardian has re	ead this form with me and com	pleted the
additional pare	nt/guardian Waiver and Rele	ease.		
Date:				
	Print Name		Signature	

PARENT/GUARDIAN WAIVER AND RELEASE - FOR MINOR

[NOTE: If the participant is under the age of following Waiver and Release.]	of eighteen (18) years, the parent	or guardian must execute the
The undersigned and natural or legal guardian of represent that he or she is, in fact, acting in PARENT/GUARDIAN FURTHER ACKNOW OF THE WAIVER AND RELEASE OF LIA IN THE CITY OF BURBANK VOLUNTEER	WLEDGES AND AGREES TO ABILITY SIGNED BY THE MI	BE BOUND BY THE TERMS
Signature of Parent/Guardian	Relationship to Minor	Date
MEDICAL EMER	GENCY TREATMENT CONSE	<u>NT</u>
As a parent/guardian, I hereby consent to treatmenecessary as a result of accident or injury or accredited medical personnel, or City personnel and/or medicines, and to perform such medical situation. I further understand that the City of responsible for payment in full of any payments	illness. Consent is given for ar to give medical attention and to a procedures as is deemed necessar Burbank will not be providing n	by licensed physician, surgeon, dminister such treatment, drugs, by based on the existing medical medical insurance and that I am
Signature of Parent/Guardian		Date
Current Medications:		
Special Considerations (medical conditions, physical conditions)	ysical limitations, allergies, etc.)	