



City of Las Cruces
Parks & Recreation Department
Community Service Volunteer



WAIVER

1. The Undersigned agrees to abide by all policies concerning the Volunteer Activity that are provided or explained to the volunteer;
2. The Undersigned recognizes that the Volunteer Activity is not without risks. The undersigned agrees to help minimize those risks by exercising by exercising reasonable judgement and due care for his/her own safety. The undersigned also recognizes that he/she is a volunteer and may choose not to perform a task requested by City or volunteer activity personnel, especially if the request goes beyond the risks that the undersigned wishes to accept;
3. The Undersigned acknowledges he/she is not an employee of the City of Las Cruces and is, therefore, not provided with workers' compensation coverage, salary, medical insurance or any other benefit available to employees of the City of Las Cruces. If a volunteer is injured, suffers a loss or issued as part of the volunteers' services, he/she will have such rights, defenses and privileges as are granted by the New Mexico Tort Claim Act, NMSA 1978 sections 41-4-1, et seq. and as amended and by the Federal Volunteer Protection Act of 1997, 42 U.S.C. 14501, et seq., and as amended.

EVENT: _____

DATE: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

NAME OF GROUP / ORGANIZATION: _____

VOLUNTEER ACTIVITY AND LOCATION: _____

----- Everyone in Group Must Sign -----

	NAME (print)	SIGNATURE (Parent/Guardian if under 18)	AGE (If under 18)	ADDRESS	In Case of an Emergency Contact Name & Ph #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Office Use Only
Date Rec'd:
Date Approved:
<small>8/2018</small>