





# Indy Parks and Recreation Group/Service Individual Volunteer Waiver (Eagle Creek Park)

## General Information

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

Phone #: \_\_\_\_\_ Website or E-mail: \_\_\_\_\_

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

Group Coordinator Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Volunteer Project/Activity: (check all that apply)

- Environmental/Beautification/Grounds Maintenance
- Other (describe as approved by staff): \_\_\_\_\_

## Date(s) and Hours of Volunteer Project/Activity and Number of Volunteers:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month) (Day or Days) (Year)

Time/range of hours of volunteering: \_\_\_\_\_

Number of volunteers : # of Adults: \_\_\_\_\_ # under 18 years of age: \_\_\_\_\_

Please read the following information and sign below. (Unsigned forms will not be processed)

### General Intent

\_\_\_\_\_ (“Organization” or “Service Individual”) desires to offer its employees/ members/self as volunteer(s) to assist the Department of Parks and Recreation (“DPR”) in the maintenance of its parks and facilities or the running of its programs at the direction of a DPR representative. Such volunteer(s) is/are not to be regarded as contractors or employees of DPR or entitled to any benefits of employment or other compensation. Organization/Service Individual agrees to cooperate with DPR policies regarding the volunteer program.

### Waiver of Liability

Organization/Service Individual hereby knowingly and without reservation agrees to release, indemnify and hold harmless the City Of Indianapolis and DPR, its members, officers, agents and employees from every liability, claim, loss damage, or expense (including attorney fees) for every injury or damage to property, which injury or damage arises out of or is in any way connected with the Organization and its members, employees and volunteers/Service Individual participation in this volunteer program.

Name of Organization/Service Individual: \_\_\_\_\_

Group Coordinator/Service Individual Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to:  
**Volunteer Coordinator, Eagle Creek Park Admin. Office, 7840 W. 56<sup>th</sup> Street, Indianapolis, IN 46254**  
**Phone #: 317-327-7123; Fax#: 317-327**