

HARRIS COUNTY PARKS AND RECREATION DEPARTMENT



Volunteer Registration Form

Volunteer's Name: _____ Sports/Activity: _____

Community Name: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Age: _____ Circle One: Male / Female

E-Mail Address: _____

Cell Phone: _____ Mobile Carrier: _____ ALT Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Additional E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Known Allergies: _____

Known Disabilities: _____

I agree to indemnify, defend and hold harmless Harris County, its elected officials, officers, employees, agents, and volunteers from any and all claims arising from participation in the department programs related to the Harris County Recreation Department camps, swimming, and related programs activities. Such indemnification shall, but not limited to, liability settlements, damage awards, costs and attorney's fees associated with any such claims. I assume all risks and hazards incidental to such participation including transportation to and from the activities and participation in stunts and tumbling. Harris County will make reasonable modifications to programs, services or activities when necessary to promote participation by persons with disabilities. In witness of my consent and agreement to the matters stated above, I have subscribed my signature below.

Volunteer Signature: _____ Date: _____

Parent/Guardian (If Minor) Signature: _____ Date: _____