

IMPORTANT – VOLUNTEER STAFF LIABILITY WAIVER AGREEMENT

Upon signature below, I agree to adhere to all policies set forth by the City of Haverhill Recreation Department. This includes the attendance to all events related to the activity for which I have volunteered. I agree to any certification process set by the governing body for the activity for which I am volunteering as well as any additional education set forth by the Haverhill Recreation Department. I agree to hold at least one (1) practice per week during designated activity dates, communicate effectively with the parent or guardian of participants if under 18 years of age. I agree to attend and facilitate matches, games, scrimmages, etc. as appropriately determined by Recreation Department and/or private organizations associated with the activity. If an absence is deemed necessary, I agree to notify all available parties and find a qualified substitute who is vetted and cleared by Haverhill Recreation Department in advance of absence.

I understand the Recreation Department staff will not be liable or responsible for accidents medical or dental expenses incurred as a result of participation in any of these programs. In the event of injury or illness, the staff has my permission to seek emergency medical deemed necessary. In event of injury or illness, the staff has my permission to seek emergency medical treatment deemed necessary. _____ (please initial here)

I authorize Haverhill Recreation to use Photographs of my child for promotional display ____ (Please initial here)

Parent or Gaurdian Approval Signature _____ Date _____