



A-MAY-ZING MUNDELEIN VOLUNTEER SHEET



| | | | |
|--|--------------|--|--|
| Last Name | | First Name | |
| Address | | | |
| Home Phone Number | | Cell Phone Number | |
| E-Mail Address | | Can we contact you via email regarding other MPD events? | |
| Adult <input type="checkbox"/> Student <input type="checkbox"/> | Students Age | | |
| If the volunteer is a student will an adult accompany the student? | | | |
| If no – will the student have a cell phone with them? What is the number? | | | |
| I would like to do the following... | | | |
| I would not like to do the following... | | | |
| I am working with the following group... | | | |
| Number of times participating in A-May-Zing Mundelein (Including this year). | | | |

RELEASE AND WAIVER

I hereby release the VILLAGE OF MUNDELEIN, its agents and employees from any and all claims for injuries, damages or loss which may arise by virtue of my association or participation in A-MAY-ZING MUNDELEIN - PROJECT C.A.P.E. scheduled for **Saturday, May 8, 2010**.

I agree to waive and relinquish any and all claims that I may have as a result of participating in this program being sponsored by the VILLAGE OF MUNDELEIN and all other persons and entities that might be directly or indirectly liable for any injuries that I might sustain in participating in this program.

My participation in this program is voluntary on my part and the VILLAGE OF MUNDELEIN has not agreed to compensate me for my services or insure my participation in this program from any loss or injury.

Dated this _____ day of _____, 2010.

Participant's Signature

Parent or Guardian Signature
If Participant is Under Age 18

In the event of an emergency, please contact the following person on the participant's behalf:

Name

Relationship

Phone Number

Return form to:

Mundelein Police Department • Attention: Jennifer Marshall • 221 North Lake Street • Mundelein, IL 60060