

Fairlawn Safety Town
Volunteer Registration Form

Volunteer Name: _____

Parents/Guardians Names: _____

Mailing Address: _____

Email Address: _____

Parent/Guardian Phone: _____ Volunteer Phone: _____

Date of Birth: _____ Age: _____ **Volunteers must be at least 15 years old**

School you attend: _____ Grade: _____

Including this upcoming year, how many years have you volunteered at the Fairlawn Safety Town: _____

At which session(s) will you volunteer? _____ 8:45 – 11:45 _____ 12:45-3:45 _____ Both

Volunteers staying for both sessions are welcome to bring their lunch and eat at the Community Center between sessions. On Friday, the City will provide a lunch of pizza and salad for all volunteers, which will be held from 12:00pm-12:45pm.

We are looking for a student who is experienced with photography and has a good working knowledge of the PowerPoint program to create our graduation presentation. Are you interested in this role? You will be required to attend both sessions, all five days. Yes _____ No _____

Volunteer Agreement

I agree to follow the rules and directions given by the Fairlawn Police Department. I will act as a member of the team and perform my duties to the best of my abilities. I will conduct myself in a respectful and courteous manner. I hereby give my consent for the use of photographs related to these activities. I agree to waive and relinquish all claims, demands and causes of action against the City of Fairlawn, its employees or agents for any injuries or damages which may occur as a result of the Safety Town activities.

Volunteer Signature

Date

Parental/Guardian Consent (volunteers under age 18)

I hereby give my child permission to volunteer for the City of Fairlawn Safety Town Program. I understand and agree that my child must follow the rules and directions given by the Fairlawn Police Department. I hereby confirm my child's physical fitness and ability to volunteer. I agree to waive and relinquish all claims, demands and causes of action against the City of Fairlawn, its employees or agents for any injuries or damages which may occur as a result of the Safety Town activities. In the event of an emergency and if all reasonable attempts to reach parents/guardians with given phone numbers is unsuccessful, I hereby give my consent for the administration of emergency first aid treatment and/or transfer to an emergency medical facility.

Parent or Guardian Signature

Date

Consent and Release of Liability for Use of Student Likeness and Other Information in Promotional Materials and Media

I, the parent and/or legal guardian of the minor child(ren) identified below hereby grant consent for the City of Fairlawn, the Fairlawn Police Department, the Fairlawn Safety Town program, and/or their agents to record in writing or otherwise, photograph, audiotape, or videotape my minor child's name, image, likeness, spoken words, and/or performance, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for any lawful Fairlawn Safety Town purpose, and in connection with any material that may be created by or on behalf of the City of Fairlawn, the Fairlawn Police Department, and/or the Fairlawn Safety Town program, including, without limitation, the city website; social media sites; print and electronic media; publications, public relations and communications materials and/or presentations; and such other uses as may not be contemplated herein, as follows:

- I consent to all of the above.
- I do not consent to any of the above.

I understand that the City of Fairlawn, the Fairlawn Police Department, and the Fairlawn Safety Town program, and/or employees will exercise appropriate judgment and discretion in the use of images of and/or information about my child in accordance with the consent I have given herein.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the City of Fairlawn, the Fairlawn Police Department, the Fairlawn Safety Town program, and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that the City of Fairlawn, the Fairlawn Police Department, the Fairlawn Safety Town program, and their respective officers, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

I acknowledge that all recordings and photographs of any kind created pursuant to this release shall constitute the sole property of the City of Fairlawn, the Fairlawn Police Department, and the Fairlawn Safety Town program.

Print Student's First & Last Name

Print Parent/ Guardian's First & Last Name

Signature of Parent/ Guardian

Date