



2013 Fitness in the Park Instructor Application

Name: Name of Agency/Organization
 (if applicable)

Date: Title of Class / Session:

Please provide a brief description of your session:

Desired Session Location:

I do not have any preference of location. Please assign me to volunteer at any Fitness in the Park location.

Please indicate the specific meeting location within your park location (i.e., next to the basketball courts, in the parking lot, etc.)

Which months will you be teaching Fitness in the Park classes? (Please check all that apply)

February March April May June July August September October November

Please list your proposed session dates and times:

Are you currently a contract instructor with the Parks and Recreation Department?

Have you participated in the Fitness in the Park program before?

Yes No If yes, when did you last participate? _____

I agree that my participation in the Fitness in the Park program is strictly on a volunteer basis and that all services rendered as part of the Fitness in the Park program are free of charge to all participants. I agree to provide the necessary documentation required to report session attendance throughout the current session. I understand that the City of San Antonio reserves the right to terminate my participation as a volunteer in the Fitness in the Park program at any time. I understand that I am not eligible for monetary instructor incentive rewards if I currently receive compensation from any entity, funding from the City of San Antonio or any other government related grant programs in relation to the services I am providing. I agree to give the City of San Antonio consent to conduct a criminal background check prior to my participation in the Fitness in the Park program.

Signature of Applicant

CITY OF SAN ANTONIO

**VOLUNTEER AGREEMENT INCLUDING WAIVER AND RELEASE
(FOR INDIVIDUAL VOLUNTEERS and SCHOOL/YOUTH GROUPS)**

The City of San Antonio ("City") on condition of your signing this waiver and affirming the promises and statements contained below, agrees to permit you to participate in volunteer service with the City of San Antonio Parks and Recreation Department.

I, _____ acknowledge the following statements are true:
Print name

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the City; all services are performed at my own risk.

I acknowledge that my participation in volunteering with activities involved in the Project entails known and unanticipated risks that could result in physical or emotional injury, damage to me, to my property, or to third parties. These risks include the following but not limited to: Tripping, falling, scraping, bruising, scratched, bitten by insect or other, sunburn...

I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

On behalf of myself, my heirs, personal representatives and executors, I hereby disclaim, release and waive any and all claims against the CITY for personal injuries or damages to property sustained by myself or any other person arising out of my participation in the PROJECT, including claims and damages arising in whole or in part from the negligence or the CITY, its agents or employees.

IT IS MY EXPRESS INTENT TO RELEASE THE CITY FROM ANY AND ALL CLAIMS ARISING FROM MY PARTICIPATION IN THE PROJECT REGARDLESS OF WHETHER SUCH CLAIMS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS AGENTS OR EMPLOYEES.

In signing this release and waiver I am relying wholly upon my own judgment, belief and knowledge. By signing this document, I acknowledge that if anyone is hurt or my property is damaged during my participation as a volunteer, I may be found by a court of law to have waived my right to maintain a lawsuit against the City on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

PHOTO RELEASE (please check)

I hereby consent to and authorize the City of San Antonio Parks and Recreation Department, San Antonio Metropolitan Health District, the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services and the Texas Department of State Health Services, or their designees, publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.

VOLUNTEER SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMERGENCY NUMBER

EMAIL (Optional)