



2023 Annual Bicycle and Pedestrian Count Volunteer Release from Liability

Name: _____

E-Mail: _____ Phone: _____

Address: _____

New or Returning Volunteer? _____

Check here if 18 years of age or over

Check here if under 18 years of age

I, _____
(Adult Volunteer Name or Parent/Guardian Name)

being the parent or legal guardian of _____
(minor's name if applicable)

hereby request, consent to and authorize.

At my request, I am being granted the privilege to participate as a volunteer bicycle/pedestrian counter for the Wichita Area Metropolitan Planning Organization (WAMPO) on the 2023 Bicycle-Pedestrian Count, and in exchange do hereby agree to waive any claims for personal injury or property damage against WAMPO, its employees, agents and the municipal entities which participate in its planning activities arising out of or coincidental with my participation in the above-named event/activity. I acknowledge that activities engaged in as a volunteer will be undertaken strictly on a voluntary basis, without any pay, compensation, or benefits. I understand that I must comply with the rules and regulations established for the event/activity and that failure to do so may result in my immediate removal as a volunteer.

I acknowledge that I have health insurance coverage and agree that I hereby assume all risks associated with this volunteer event/activity. I further agree to comply with the parameters of this volunteer event/activity, as may be explained by any authorized WAMPO representative or other authorized person, and to be appropriately attired for this volunteer event/activity.

Signature: _____ Date: _____