



City of Katy Volunteer Agreement and Waiver

Name (please print): _____

I, my child, hold harmless City of Katy, its officers, employees and assigns from and against all claims, damages, losses or expenses arising out of participation as a volunteer.

I agree to conform to the City of Katy rules and procedures to the best of my ability. I understand that volunteer services to the City of Katy are to be completed without remuneration or monetary benefit of any kind.

I also understand that volunteers are responsible for their own insurance (medical, automobile, liability or any other) and are not covered in any way through City Insurance, including Worker's Compensation. I acknowledge that I, or my child, am/is physically able to perform the duties for which I, or my child, have/has volunteered to perform.

I give my permission to the City of Katy to contact me with volunteer updates or any emergency situation.
Circle One: YES NO Phone Number: _____

Signature: _____ **Date:** _____

Parent's signature, if minor: _____ **Date:** _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____