

**City of Hannibal**  
**Application for Volunteer Stream Team Program**  
**320 Broadway**  
**Hannibal, MO 63401**

**Volunteer Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any physical limitations that you would like us to be aware of? (Circle One) Yes No

If yes, please describe: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Volunteer Activity for this date (Circle One) Stream Cleanup Stencil Painting Tree Planting

**Hold-Harmless Release Waiver and Photography/Video Consent:**

By signing this form below, I am acknowledging that my participation in the City of Hannibal Stream Team program is voluntary. I am aware, and by signing this document, acknowledge that I have been advised that this program involves physical activities. I acknowledge that there may be hazards to my participation in the City of Hannibal Stream Team program including, but not limited to, injuries caused by handling trash materials, natural surroundings, physical exertion and natural causes. I hereby release and hold the City of Hannibal, its agents, employees and representatives harmless from any and all injuries, damages, losses, claims and demands that may arise or result from my participation in the City of Hannibal Stream Team program. Also, I do further waive and release the City of Hannibal from any and all claims for injuries or damages of any kind and nature, which may arise or result from my participation in the City of Hannibal Stream Team program. I understand and acknowledge the City of Hannibal will not be financially or legally responsible for any accident or injury that might occur or result. By signing this document, I am waiving all rights and/or causes of action which I have, or which may arise, or those claiming through me may have, as a result of my participation in the City of Hannibal Stream Team program. Furthermore, the City of Hannibal shall not be responsible for lost, stolen, or damaged property. Also, I understand by signing this paper, I give permission to the City of Hannibal to photograph and/or video tape me during the Stream Team program. I give consent to the City of Hannibal to use photographs and/or videos of me for advertisement of the Stream Team in action. By signing below, I acknowledge that I have read this Release-Waiver and Photography Video Consent form, I understand the same and my signature is knowingly and voluntarily made, and that I am over the age of eighteen (18) years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_