

CITY OF GLADSTONE

PARKS & RECREATION VOLUNTEER PROGRAM

VOLUNTEER LIABILITY WAIVER, RELEASE & ASSUMPTION OF RISK

DRAFT — SUBJECT TO CITY ATTORNEY & INSURANCE REVIEW

I understand that participation as a volunteer in the City of Gladstone Parks & Recreation Volunteer Program is voluntary and may involve activities and conditions that present inherent risks of injury or property damage.

ACKNOWLEDGMENT OF RISKS

I understand that potential risks may include, but are not limited to, slips, trips and falls; uneven or slippery surfaces; weather conditions; exposure to insects, plants or other outdoor hazards; lifting, carrying, bending or other physical activity; contact with tools or materials; and other hazards that may arise in connection with the volunteer activity.

I understand that the specific risks may vary depending upon the volunteer project and location.

I represent that I am physically able to participate in the volunteer activity I have agreed to perform and will notify the City representative if I am unable or unwilling to safely perform an assigned task.

ASSUMPTION OF RISK

I voluntarily choose to participate in the City of Gladstone Parks & Recreation Volunteer Program and assume responsibility for the risks associated with my participation, including risks that are inherent in the activity and reasonably foreseeable.

I agree to follow all safety instructions, City rules and directions provided by Parks & Recreation staff or the designated volunteer leader.

RELEASE AND WAIVER

[FINAL LEGAL LANGUAGE TO BE PROVIDED OR APPROVED BY CITY ATTORNEY / INSURER]

To the fullest extent permitted by applicable Michigan law, I release and waive claims against the City of Gladstone and its officers, officials, employees, agents and authorized

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representatives arising from my participation as a volunteer, **except to the extent such release or waiver is prohibited by law or otherwise determined to be unenforceable.**

This release is intended to apply only to claims and circumstances that may lawfully be released or waived under Michigan law.

GOVERNMENTAL IMMUNITY

I understand that the City of Gladstone and individuals acting on behalf of the City may have rights, defenses and immunities provided by Michigan law, including the Michigan Governmental Tort Liability Act, MCL 691.1401 et seq. Nothing in this form is intended to expand, restrict, waive or otherwise alter any immunity, defense, duty or liability provided by applicable law except to the extent expressly permitted by law.

Michigan law provides certain governmental immunity protections to a volunteer acting on behalf of a governmental agency when the statutory requirements are met. This form is not intended to create a representation that the City is immune from every claim or circumstance.

EMERGENCY MEDICAL CARE

In the event of an emergency, I authorize the City of Gladstone, its representatives, or emergency medical personnel to obtain reasonable emergency medical assistance for me if I am unable to provide consent at the time.

I understand that I am responsible for my own medical expenses and that the City does not provide personal health or accident insurance to volunteers **unless otherwise expressly stated in writing by the City.**

VOLUNTEER ACKNOWLEDGMENT

By signing below, I acknowledge that:

- ☐ I have read and understand the Volunteer Expectations & Guidelines.
- ☐ I understand that participation is voluntary.
- ☐ I understand that volunteer activities may involve risks of injury or property damage.
- ☐ I agree to follow City safety instructions and the direction of Parks & Recreation staff or the designated volunteer leader.
- ☐ I understand that I may stop participating in a volunteer activity at any time.
- ☐ I have had an opportunity to ask questions about the volunteer activity and this form.

Volunteer Printed Name: _____

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Volunteer Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

FOR CITY USE

Volunteer Project/Activity: _____

Date(s): _____

Parks & Recreation Representative: _____

City Attorney Review: ☐ Approved ☐ Revisions Required

Insurance/Risk Review: ☐ Approved ☐ Revisions Required

Effective Date of Approved Form: _____

IMPORTANT: This document is a proposed Board-review draft. The final liability waiver/release language should be reviewed and approved by the City Attorney and, as appropriate, the City's insurance/risk-management representative before being used with volunteers.