

P.O. Box 157
10405 Merrill Road
Hamburg, Michigan 48139-0157

(810) 231-1000 Office
(810) 231-4295 Fax



Volunteer Registration Form

Applicant/Volunteer Information (Please print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

1. Are there any duties (such as lifting) you have been advised not to do? Yes No

if yes, what are your restrictions? _____

2. Please list emergency contact:

Name: _____ Phone: _____

3. Description of Project (please include dates, times and scope of work): _____

VOLUNTEER RELEASE & WAIVER OF LIABILITY

I want to participate in the volunteer activities of **Hamburg Township**. As a Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

1. Assumption of risk.

I understand that my work as a Volunteer may include activities that are hazardous and/or physically strenuous, and I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my services are performed while participating as a Volunteer. Although Hamburg Township will provide me with support, supervision, training, and supplies to accomplish assigned tasks, I agree to the following:

- I will follow all instructions provided by Hamburg Township, its employees, or Volunteers.
- I will only use equipment that I know how to operate and use safely.
- I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.
- I will take all reasonable precautions to avoid injury to myself and to others and damage to property.
- Finally, I agree to assume the risk of injury or harm and release Hamburg Township and its officers, directors, employees, and other volunteers from all liability for injury, illness, death, or property damage arising from my work as a Volunteer.

2. Waiver and Release.

As a participant in the Volunteer program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, loss which I sustain as a result of participating in any and all activities connected with or associated with the Volunteer program. I do hereby fully release and discharge, and covenant not to sue Hamburg Township, and its officers, agents, volunteers, sponsors and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the Volunteer program. I further agree to indemnify and hold harmless and defend Hamburg Township, and its officers, agents, volunteers, sponsors and employees from any and all claims resulting from injuries, including death and losses sustained by and arising out of, connected with, or in any way associated with the program.

3. Medical treatment.

I release and discharge Hamburg Township from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.

4. Insurance.

Hamburg Township shall have no responsibility for providing any health, medical or disability insurance coverage for me. It is my responsibility as a volunteer to ensure that I have medical/health insurance.

5. Photographic release.

I grant to Hamburg Township the right to use photographic images and video or audio recordings of me that are made by Hamburg Township or others during my work as a Volunteer for Hamburg Township.

6. Duration of Release.

My agreement to the terms in this Release & Waiver applies as long as I participate in the Volunteer Program for Hamburg Township.

7. Other.

I agree that this Release is intended to be as broad and inclusive as permitted by the laws of Michigan, and that this Release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this Release be ruled invalid by a court, the other parts will remain valid and continue to be in effect. I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

Signature of participant (Parent's signature if minor)

Date

Print Name (include name of minor, if any)