

# Oakland Hills Community Garden REQUIRED VOLUNTEER PERMISSION FORM - ADULT -

Volunteer Emergency Information & Hold Harmless Release Form

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Michigan ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell Phone (if applicable): (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

Volunteers under age 18 must have Parent/Guardian complete the Minor volunteer version of this form

I, \_\_\_\_\_, (the Volunteer) desire to participate as a volunteer in various programs, events or activities, (hereafter collectively referred to as "ACTIVITIES") operated or sponsored by Oakland Hills Community Garden (OHCG). The Volunteer desires to work as a volunteer for OHCG and engage in the activities related to being a volunteer. The Volunteer understands that the Activities may include construction, building, gardening, lifting, and participating at special events. In consideration of the permission granted to participate in the Activities, the Volunteer hereby freely and without duress execute this Release under the terms below:

- 1. Release and Waiver:** The Volunteer hereby AGREES TO WAIVE, RELEASE, FOREVER DISCHARGE and HOLD HARMLESS OHCG and any of its officers, directors, employees, affiliates, agents, homeowners, volunteers, representatives, successors and assigns from any and all liability, actions, causes of action, demands, damages (any illness, death, bodily injury, personal injury or property damage) and claims of every kind or nature, either in law or in equity, which arise or may hereafter arise from the Volunteer's Activities. The Volunteer further RELEASES, FOREVER DISCHARGES AND HOLDS HARMLESS OHCG and any of its officers, directors, employees, affiliates, agents, representatives, successors and assigns from any and all liability arising from OHCG and any of its officers, directors, employees, affiliates, agents, homeowners, volunteers or representative's OWN NEGLIGENCE OR CARELESSNESS.
- 2. Assumption of Risk:** The Volunteer acknowledges that the Activities may include work that is inherently dangerous. The Volunteer further understands that the Activities might involve physical activity, loading and unloading, transportation to and from the work sites, contact with unidentified and/or unfamiliar persons, unanticipated hazards, unexpected dangers and other potential risks of bodily injury or damage to property. The Volunteer represents that the Volunteer has no physical or mental conditions which to their knowledge, would endanger the Volunteer and any other person, or would interfere with the Volunteer's ability to participate in the Activities. The Volunteer fully realizes the dangers of participating in the Activities and agree that the Volunteer is solely responsible for his/her safety and health conditions (and any limitations imposed thereby). The Volunteer here by expressly and specifically assumes any and all risks of injury, illness or harm caused or sustained during the Volunteer's participation of the Activities.
- 3. Medical Treatment:** The Volunteer understands that OHCG does not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of any illness, bodily injury or personal injury sustained by the Volunteer. The Volunteer hereby RELEASES, FOREVER DISCHARGE AND HOLD HARMLESS OHCG from any and all claims, costs, expenses, damages whatsoever which arise or may hereafter arise on account of any first aid, physical or mental health treatment, or medical service rendered as a result of the Volunteer's Activities with OHCG.  
**Insurance:** The Volunteer understands that OHCG does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.  
Each Volunteer is expected and encouraged to obtain his or her personal/family medical health insurance coverage. In the event the Volunteer suffers an injury or condition during participation in Activities, the Volunteer authorizes the Team or Project leader to contact the Emergency Contact Person indicated below to advise them of my injury or condition and to consult with them regarding my injury or condition.
- 4. Photographic Release:** Regarding photographs of myself taken at OHCG Outreach events, the Volunteer gives OHCG permission to do the following for nonprofit use and without charge: use at the discretion of OHCG, display at a service or event or be used in a multimedia presentation, reprint and distribute for any OHCG non-profit publication with copyright to accompany photo when used (for example, in the weekly brochures, etc.), display on the OHCG website, or use quotes and video clips on the OHCG website or blog

Signature of Volunteer: \_\_\_\_\_

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

Contact Person in case of Emergency: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_