

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** hereby 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.

I do have medical or health insurance coverage. - OR -

I do not have medical or health insurance coverage. I hold harmless **OHCG** and any other entities partnering with **OHCG**, 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**.

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.

By signing below, the Volunteer has read, understood, and executed this Release as of the date.

Signature of Volunteer: _____ Date: _____

Contact Person in case of Emergency: _____ Ph: (____) ____ - _____