

Oakland Hills Community Garden REQUIRED VOLUNTEER PERMISSION FORM

MINOR

Outreach Volunteer Emergency Information & Hold Harmless Release Form

Participant's Name: _____

Address: _____ City: _____, Michigan ZIP: _____

Home Phone: (____) _____-____ Cell Phone (if applicable): (____) _____-____

PARENT/GUARDIAN - PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT COULD AFFECT YOUR LEGAL RIGHTS!

I, _____, am the parent or legal guardian of _____ (Volunteer) who desires 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 "Activities"). The Volunteer understands that the Activities may include construction, rehabilitating residential buildings or non-profit community centers, 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 Parent/Guardian of 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 Parent/Guardian of 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 and Parent/Guardian acknowledges that the Activities may include work that is inherently dangerous. The Volunteer and Parent/Guardian 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 and Parent/Guardian 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 minor is not allowed or expected to participate activities that, in the reasonable opinion of the Team or Project Leader, could place the minor in physical jeopardy. No minor Volunteer will be left alone with any one adult other than Parent/Guardian unless directed in writing by the Parent/Guardian.
- 3. Medical Treatment:** The Volunteer and Parent/Guardian 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 and Parent/Guardian 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 Parent/Guardian understands that OHCG does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer and Parent/Guardian is expected and encouraged to obtain his or her own medical or health insurance coverage

The Volunteer does have medical or health insurance coverage. - OR -

The Volunteer does not have medical or health insurance coverage. The Parent/Guardian 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 Parent/Guardian authorizes the Team or Project leader to contact the Emergency Contact Person indicated below to advise them of the Volunteer's injury or condition and to consult with them regarding the Volunteer's injury or condition

- 4. Photographic Release:** Regarding photographs of volunteers taken at OHCG Outreach events, the Parent/Guardian give 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 and blog.

By signing below, the Parent/Legal Guardian of the minor Volunteer has read, understood, and executed this Release as of the date.

Signature of Parent or Legal Guardian: _____ Date: _____

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

