

Appendix E. Pollinator Partnership Volunteer Waiver/Hold Harmless Document

Name of Volunteer (please print): _____
Effective Date ____/____/____

Address: _____
Phone Number: (____)____-____

Name of Volunteer Activity: _____

Check here if Volunteer is under age 18:

I, the above listed Volunteer, desire to work as a volunteer for Pollinator Partnership "The Organization" and engage in the activities related to being a volunteer for Project Wingspan.

I hereby voluntarily execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Organization and its successors and assigns (the "Organization Releases") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the Organization.

I understand that this Waiver discharges the Organization Releases from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in connection with the Volunteer Activity defined above. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization Releases from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during the Volunteer Activity.

I understand that my participation in the Volunteer Activity may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization Releases from all liability for injury, illness, death, or property damage resulting from my participation in the Volunteer Activity.

I grant unto the Organization all right, title, and interest in and the unlimited right to use any and all photographic images and video or audio recordings including my name or image (collectively, "My Likeness") that are made by, or shared with, the Organization

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during my work in connection with the Volunteer Activity, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of _____ in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of _____. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

Volunteer's Signature

Print Volunteer's Name

If under 18:

Signature of Parent/Guardian

____/____/____
Date

Printed Name of Parent/Guardian

Emergency Contact:

Name: _____

Relationship to Participant: _____

Phone Number: _____

VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER
AGE 18**