

## **Grass River Natural Area, Inc. Volunteer Release and Waiver of Liability**

**Please read carefully. This is a legal document that affects your legal rights.**

Grass River Natural Area, Inc. encourages and supports volunteers. I volunteer my time and my services because of my support of the Grass River Natural Area, Inc. (GRNA, Inc.) and because of my desire to participate actively in the furtherance of the work of GRNA, Inc. Therefore, I do freely, voluntarily, and without duress execute this Release and acknowledge the following terms:

**1. Waiver and Release.** I hereby release, waive, discharge and covenant not to sue GRNA, Inc., its officers, directors, employees and agents, from any and all liability to me, for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, GRNA, Inc., its officers, directors, employees and agents, from any and all claims or demands, for all loss, injury, death or damage, made by or through myself arising out of any occurrence related my work as a volunteer.

**2. Medical Treatment.** I release and discharge GRNA, Inc. from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.

**3. Assumption of Risk.** I understand that my work for GRNA, Inc. may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release the GRNA, Inc. from all liability for injury, illness, death, or property damage occurring from my work for GRNA, Inc. I will not accept a work assignment for which I do not believe I have had adequate training or which I do not believe I am physically capable of performing.

**4. Insurance.** GRNA, Inc. does not have responsibility for providing any health, medical or disability insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE.

**5. Criminal Background Check.** If I am an adult volunteering for a position that involves contact with children, I understand that a State of Michigan Criminal Background Check will be conducted, and I hereby consent to this check. All information obtained by Grass River Natural Area, Inc. will be confidential.

**6. Confidentiality.** The necessity for maintaining confidentiality regarding Grass River Natural Area, Inc. is a fundamental policy of the organization. Volunteers may not during or after service divulge to anyone except Board members or employees of Grass River Natural Area, Inc. who are entitled thereto, any information that has been identified by the Board of Directors or the Executive Director as "confidential" or can by a reasonable interpretation be deemed confidential. This includes information that is not otherwise public information and was acquired through the employee's connection with Grass River Natural Area, Inc. This includes, but is not limited to the following: employee personal information, financial information about GRNA, Inc., individual information about clients served, individual information about donors, and details regarding employment issues, and strategic or operational plans.

**7. Compensation.** I acknowledge that I am not an employee of GRNA, Inc. and am not entitled to be compensated for services rendered on behalf of GRNA, Inc.

**8. Photograph/Image Release.** As a GRNA, Inc. volunteer, I understand that my image, including photographs, video images and any reproductions thereof, may be used for any legal purpose of the Grass River Natural Area including – but not limited to – advertising, brochures, fliers and for general media purposes. By signing this document:

- I consent to the use of photographs, video images and any reproductions thereof by GRNA, Inc., and its affiliates, for use in any from pertinent to the operation of same, or any other legal purposes.
- I also consent to the use of my name in connection herewith.
- I agree that all images shall become the property of GRNA, Inc.
- I understand this document becomes effective upon signing this release and covers images taken during my volunteer status at GRNA, Inc. and that the images taken during this time may be used at any time, with or without my knowledge, from that point forward, regardless of my volunteer status.

**9. Discrimination Laws.** I agree to follow GRNA, Inc.’s policy along with state and federal laws that forbid discrimination in employment, education, housing, public accommodation, law enforcement or public service based on a person’s religion, race, color, national origin, age, sex, marital status, height, weight or disability.

**10. In-Kind Service.** GRNA, Inc. is eligible for some grants that require GRNA, Inc. to match the dollars received from the grant. Many of these grants allow GRNA, Inc. to use in-kind services as a portion of this match instead of actual dollars. I understand that my volunteer time may be used as an in-kind service to help GRNA, Inc. earn its match for some grants from federal or other sources. By signing this form, I consent to the use of my volunteer time as a possible in-kind match for grants received by GRNA, Inc.

**11. 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.

Printed Name: \_\_\_\_\_

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

Signature (parent/guardian, if a minor): \_\_\_\_\_

Emergency Contact Information

Primary Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone:

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_