



Thomas Township

Nature
Center
&
Preserve

Thomas Township Nature Center and Preserve Volunteer Application Form

Volunteer Information:

Volunteer Name: _____

Contact E-Mail: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Birthdate: _____

Would you like to be added to our email list of volunteers, in order to receive notification of future volunteer opportunities? Yes No

Emergency Contact:

Name: _____

Relationship to Participant: _____

Phone Number: _____

Release and Waiver of Liability:

This Release and Waiver of Liability (the "Release"), executed today (the date below) by "the Volunteer" (signed below) in favor of Thomas Township, its directors, officers, employees, contractors, and agents.

The Volunteer desires to participate and work at Thomas Township. He or she understands that Thomas Township has activities that may include work on constructing and rehabilitating structures, cleaning up facility and grounds, planting and weeding, trimming trees and branches, and consuming food and drink donated for the work.

The Volunteer does hereby freely, voluntarily, and without duress execute this release under the following terms:

1. ~~Waiver and~~ Release and Indemnification . The Volunteer does hereby release and forever discharge and hold harmless and indemnify Thomas Township, its directors, officers, employees, contractors and

agents 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 volunteer's participation in any Thomas Township project or activities.

2. Medical Treatment. The Volunteer does hereby release and forever discharge Thomas Township from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's participation in any Thomas Township project or activities. If the Volunteer has any medical/physical problems or concerns, it is the Volunteer's responsibility to notify Thomas Township.

3. Assumption of Risk. The Volunteer understands that construction may include activities that may be hazardous to the Volunteer and that the food is donated to Thomas Township and beyond the control of Thomas Township. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Thomas Township from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in the project.

4. Insurance. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.

5. Media Release. The Volunteer does hereby grant and convey unto Thomas Township all rights, title, and interest in any and all photographic images and video or audio recordings, and use of the volunteer's name made by Thomas Township during the project; including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this release shall be governed by and interpreted in accordance with the laws of the State of Michigan. The Volunteer agrees that in the event that any clause or provision of this release 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 be enforceable.

7. Background Check. I understand that a criminal history check may be obtained prior to my appointment as a volunteer; My signature below certifies that I agree to a criminal history check and agree to provide Thomas Township with my date of birth or any other information necessary to obtain a criminal history check.

8. Copy of this form is as valid as the original.

In witness whereof, the Volunteer has executed this release as the day and year written below.

Month Day Year

Signature of Volunteer

Signature of Witness

Signature of Parent or Guardian (if volunteer is under 18)