

YOUTH VOLUNTEER INFORMATION & WAIVER

RELEASE AND WAIVER OF LIABILITY PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release"), executed on the date listed below by the Volunteer listed above in favor of Riverview Gardens, a nonprofit corporation, their directors, officers, employees and agents. The Volunteer desires to work as a volunteer for Riverview Gardens and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the activities may include working at Riverview Gardens, working in the Riverview Gardens offices, and consuming food donated for the work.

The Volunteer and Parent/Guardian hereby freely, voluntarily, and without duress executes this Release under the following terms:

- 1. Waiver and Release.** Volunteer and Parent/Guardian do hereby release and forever discharge and hold harmless Riverview Gardens and its successors and assigns 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 Activities with Riverview Gardens. Volunteer and Parent/Guardian understand that this Release discharges Riverview Gardens from any liability or claim that the Volunteer and Parent/Guardian may have against Riverview Gardens with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Riverview Gardens, whether caused by the negligence of Riverview Gardens or its officers, directors, employees, or agents or otherwise. Volunteer and Parent/Guardian also understand that Riverview Gardens 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 or illness.
- 2. Medical Treatment.** Volunteer and Parent/Guardian do hereby release and forever discharge Riverview Gardens 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 Activities with Riverview Gardens
- 3. Assumptions of the Risk.** The Volunteer and Parent/Guardian understand that the Activities may be hazardous to the Volunteer. Volunteer and Parent/Guardian hereby expressly and specifically assume the risk of injury or harm in these Activities and releases Riverview Gardens from all liability for injury, illness, death, or property damage resulting from the Activities.
- 4. Photographic Release.** Volunteer and Parent/Guardian do hereby grant and convey unto Riverview Gardens all right, title and interest in any and all photographic images and video or audio recording made by Riverview Gardens during the Volunteer's Activities with Riverview Gardens, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 5. Age Restrictions** Under Age 16: Persons under the age of 16 may only volunteer at Riverview Gardens when accompanied by a parent or guardian. They may not operate power tools or vehicles, or work at heights above 6 feet. They must have their volunteer application signed by a parent or guardian and an adult witness. Exceptions to the age restrictions can be made only when approved by Riverview Gardens staff. Exceptions *may* include school, church, or other service groups. Ages 16 & 17: Persons ages 16 & 17 can volunteer without being accompanied by a parent or guardian. They may not operate power tools or vehicles, or work at heights above 6 feet. They must have their volunteer application signed by a parent or guardian and an adult witness.
- 6. Other.** Volunteer and Parent/Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. Volunteer and Parent/Guardian agree that in the event that any clause or provision of this release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.



YOUTH VOLUNTEER CONTACT INFORMATION

Full Name (first, middle, last): _____ Date of Birth: _____

Phone: _____ Email Address: _____

IN CASE OF EMERGENCY

Contact: _____ Phone: _____ Relationship: _____

Doctor's name & information (if applicable): _____
Please list any medical conditions and/or allergies of which we should be aware: _____

INSURANCE, SAFETY & BACKGROUND

_____ (Initial) I understand that Riverview Gardens does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. I understand that the insurance carried by Riverview Gardens is secondary coverage. If injured on the worksite, I understand that I must file a claim with my primary insurance carrier before filing any claim with Riverview Gardens' insurance carrier. I understand that I am expected and encouraged to arrive with medical or health insurance coverage in effect, and I will report any accident, injury or "near miss" to the supervisor immediately.

_____ Check here if you have to perform community service for court or school. How many hours: _____

_____ Check here if you have ever been convicted of a crime (misdemeanor or felony) or have charges pending against you. If checked, on a sheet of paper, please explain 1) nature of the crime, 2) date of conviction or charged, 3) state in which convicted or charged. Convictions are not an automatic disqualification from volunteer service. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. *If you are unsure how to complete this information, ask a staff member.*

Volunteer, Parent/Guardian, and Witness have executed this Release and agree to comply with Riverview Gardens written policies.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Witness (Over Age 18) Signature: _____ **Date:** _____