

CITY OF LATHRUP VILLAGE

VOLUNTEER 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") is executed _____, 20____, by _____, (the "Volunteer") in favor of the CITY OF LATHRUP VILLAGE, a Michigan municipality ("the City"), its officers, employees, and agents.

The Volunteer desires to participate in providing services to the public ("Services"), which the Volunteer understands includes working with the

PROJECT/PROGRAM _____

DATE(S): _____

TIME(S): _____

SITE(S) _____

Any volunteer work may involve working with city staff and/or contractors, going to and from work locations, and providing manual labor. Volunteer's participation is completely voluntary and Volunteer understands no compensation will be received by him/her.

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

- 1. Waiver and Release.** Volunteer covenants not to sue, releases and holds harmless the City of Lathrup Village, its officers, employees and agents, from liability, claims and demands of whatever kind or nature, either in law or in equity, which arise from Volunteer's participation in the Services. By signing this, Volunteer discharges the City of Lathrup Village, the Lathrup Village Downtown Development Authority, its officers, employees and agents from any liability or claim that Volunteer may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in the Services. Volunteer also understands that the City of Lathrup Village 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. Volunteer further understands that he/she is not an employee of the City of Lathrup Village and Volunteer waives any claim to wages or other City of Lathrup Village employee benefits.
- 2. Medical Treatment and Insurance.** Volunteer releases and forever discharges the City of Lathrup Village from any claim whatsoever which arises now or later on account of any first aid, treatment, or service rendered in connection with the Volunteer's participation in the Services. Volunteer understands that the City of Lathrup Village does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. The Volunteer understands that he/she does not qualify for workers' compensation benefits.

Each Volunteer is expected and encouraged to have medical or health insurance coverage in effect while participating in the Services.

3. **Assumption of Risk.** The Volunteer understands that the Services may include activities that may be hazardous to the Volunteer. Volunteer assumes the risk of injury or harm in these activities and releases the City of Lathrup Village from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in the Services.
4. **Photographic Release.** Volunteer grants the City of Lathrup Village all right, title, and interest in photograph images and recordings made by the City of Lathrup Village during the Services, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **Other.** This release is intended to be as inclusive as the laws of Michigan permit and that it shall be governed by the laws of Michigan. Volunteer agrees that if a clause or provision of this release is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year written above.

WITNESS:

Date: _____

Sign: _____

Print: _____

VOLUNTEER:

Date: _____

Sign: _____

Print: _____

Address: _____

GUARDIAN OF VOLUNTEER:

Date: _____

Sign: _____

Print: _____

Address: _____

EMERGENCY CONTACT INFORMATION

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return completed forms to:

Ms. Yvette Talley
City Clerk
City of Lathrup Village
27400 Southfield Road
Lathrup Village, MI 48076
cityclerk@lathrupvillage.org
248.557.2600, ext.226