



VOLUNTEER RELEASE & WAIVER OF LIABILITY

Required by the City of Ann Arbor Natural Area Preservation for all volunteers

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

I want to participate in the volunteer activities of the City of Ann Arbor's Natural Area Preservation (NAP) unit. As a NAP Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

1. **Assumption of risk.** I understand that my work for NAP may include activities that are hazardous and/or physically strenuous, and I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my services are performed while participating in NAP volunteering. Though NAP will provide me with support, supervision, training, and supplies to accomplish assigned tasks, I agree to the following:
 - I will follow all instructions provided by NAP, its employees, or Park Stewards.
 - I will only use equipment that I know how to operate and use safely.
 - I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.
 - I will take all reasonable precautions to avoid injury to myself and to others and damage to property.
 - Finally, I agree to assume the risk of injury or harm and release the City of Ann Arbor and NAP, its officers, directors, employees, and other volunteers (hereafter "NAP") from all liability for injury, illness, death, or property damage arising from my work for NAP.
2. **Waiver and Release.** I hereby release and forever discharge and agree to indemnify and hold harmless NAP from any and all claims, liabilities, losses, damages, costs and expenses resulting from injury or death of any person or persons property damage or that may arise out of my work as Volunteer. I understand that this release discharges the above entities from any liability that may result from my work whether caused by the negligence of NAP.
3. **Medical treatment.** I release and discharge NAP from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.
4. **Insurance.** NAP 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. **Photographic release.** I grant to NAP the right to use photographic images and video or audio recordings of me that are made by NAP or others during my volunteer work for NAP.
6. **Duration of Release.** My agreement to the terms in this Release & Waiver applies as long as I volunteer for NAP.
7. **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.

I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

Name of Adult (please print)

If signing for a minor, their name(s)

Street Address

City State Zip

Phone Email

Signature Date
