

Ogemaw Hills Sportsmen Association

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

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

Important: Each volunteer must sign and submit the "Volunteer Release and Waiver of Liability" before working on an Ogemaw Hills Sportsmen Association (OHSA) site. Please complete this form and bring it with you before you begin work. Read this waiver very carefully before you sign.

Volunteer Agreement

On this date ____/____/____, I, ^{First}_____ ^{Last}_____ (the volunteer) have agreed to work as a volunteer for Ogemaw Hills Sportsmen Association (OHSA), a non-profit corporation licensed in the State of Michigan, and do so of my own free will. As a volunteer I am not an employee or agent of OHSA. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that OHSA does not offer health insurance, workers' compensation insurance, or any such employee benefit to volunteers. As a volunteer I agree to maintain my own health insurance during my time as a volunteer for OHSA. This Waiver of Liability will be in effect through the end of the calendar year in which it was submitted. If the volunteer is under the age of 18, this must be signed also by a legal Guardian and the volunteer (I) becomes 'the Guardian and minor'.

Therefore, I do freely, voluntarily, and without duress, execute this Release and acknowledge the following terms:

Risk Agreement

I understand that my work for the OHSA may include activities that may be hazardous to me, including but not limited to, construction activities, loading/unloading of heavy equipment and materials, and local transportation to and from work sites. I assume the risk of injury or harm in those activities I choose to do and release OHSA from all liability for injury, illness, death, or property damage occurring from my work for OHSA.

It is assumed that I know how to safely operate any power equipment that I bring to the site and that the equipment will only be operated by me.

Waiver, Release, Hold Harmless, and Indemnification Agreement

I acknowledge that OHSA does not guarantee safety. I voluntarily waive, release, and hold harmless OHSA, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against OHSA should I be injured in the course of my duties.

I shall defend, hold harmless, and indemnify OHSA, its board, employees, agents, and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc. that may exist as a result of my actions, inactions, errors, acts, or omissions.

Medical Treatment

I release and discharge OHSA from any claim that arises or may arise due to any first aid, medical treatment or service rendered to me.

Photographic release.

I grant to OHSA the right to use photographic images and video or audio recordings of me that are made by OHSA or others during my work assignment for OHSA, including royalties, proceeds or other benefits from use of the photographs or recordings. These may be used to promote OHSA activities in such media as the OHSA website, social media sites such as Facebook, local newspapers, etc.

Copyright laws.

I understand that showing videos in public that are intended for home viewing is prohibited under the U.S. copyright laws.

In-kind service.

The OHSA is eligible for some grants that require that the grant dollars received be matched by the OHSA. Many grants allow the use of in-kind services as a portion of this match in lieu of actual dollars. My signature certifies that I consent to the use of my volunteer time as a possible in-kind match for grants received by the OHSA. I will complete the OHSA Volunteer Work Log for each site/time period that I volunteer my services.

Acknowledgement and Signatures

I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties. 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.

This waiver is for all current OHSA Sites – see the OHSA Volunteer Work Log for specific sites.

Volunteer

Print name: Last _____, First _____ Date of Birth ____/____/____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Guardian *(Required if Volunteer is a minor)*

Print name: Last _____, First _____ Date of Birth ____/____/____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Check to receive a copy of this via: ____ Email or ____ USPS (Snail mail)