

**VOLUNTEER EMERGENCY CONTACT AND RELEASE**

**EMERGENCY CONTACTION INFOMRATION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOLUNTEER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
*IN CASE OF EMERGENCY, CONTACT:***

**NAME #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relationship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PHONE DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELLPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relationship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
PHONE DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELLPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
*ANY ALLERGIES, MEDICATIONS, OR OTHER INFORMATION NEEDED IN AN EMERGENCY:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE AND WAIVER OF LIABILITY**

***PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT.*This Release and Waiver of Liability (“the Release”) signed on this \_\_\_ day of \_\_\_ 20\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Volunteer”) in favor of MOW of SW Michigan SNS, a nonprofit corporation, and its directors, officers, employees and agent.**

**The Volunteer wants to work as a volunteer for MOW of SW Michigan and will engage in the activities related to being a volunteer in the capacity of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Activities”). The Volunteer understands that the Activities may include (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) that may require lifting up to 50 lbs., standing, walking, driving, exposure to hazardous conditions, or other circumstances that may result in personal injuries.   
  
The Volunteer hereby freely, voluntarily, and without duress signs this Release under the following terms:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Signature of Volunteer*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Witnessed by Agent of MOW of SW Michigan SNS*1. Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless MOW of   
 SW Michigan SNS and its successors and assigns from any and all liability, claims, and demands of   
 whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer’s  
 Activities with MOW of SW Michigan SNS.**

***Volunteer understands that this release discharges MOW of SW Michigan SNS from any Liability or Claim that the Volunteer   
 may have against MOW of SW Michigan SNS with respect to any bodily injury, illness, death, or property damage that may  
 result from Volunteer’s Activities with MOW of SW Michigan SNS, whether caused by the negligence of MOW of SW Michigan  
 SNS or its Officers, Directors, Employees, Agents, or otherwise. Volunteer also understands that MOW of SW Michigan SNS   
 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 does hereby release MOW of SW Michigan SNS from any liability or claim   
 which arises or may later arise on account of any first aid, treatment, or service  
 rendered in connection with the Volunteer’s Activities with MOW of SW Michigan SNS.**

**3. Assumption of the Risk. The volunteer understands that the Activities may involve work that may be   
 dangerous to the Volunteer, including, but not limited to transportation to and from work sites or fundraising   
 events. Volunteer expressly and specifically assumes the risk of injury of harm in the Activities, and releases MOW of SW   
 Michigan SNS from all liability for injury, illness, death, or property damage resulting from the Activities.**

**4. Insurance. The Volunteer understands that, except as otherwise agreed to by MOW of SW Michigan SNS   
 in writing, MOW of SW Michigan SNS does not carry or maintain health, medical, or disability insurance  
 coverage for any Volunteer. *EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO OBTAIN HIS OR HER  
 OWN MEDICAL OR HEALTH INSURANCE COVERAGE. DRIVERS ARE EXPECTED TO HAVE A VALID   
 DRIVER’S LICENSE AND PROOF OF AUTOMOBILE INSURANCE.***

**5. 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. Volunteer also 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.**

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

***Name of Volunteer Date***

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*Name of Witness Date***

**May 2018  
Revised:**