



Volunteer Assistance Form

Individual Name (or Group name): _____

Telephone: _____

Address: _____

E-mail contact: _____

Best time to reach you: _____

Days/Times available: _____

Preferred tasks:

Cleaning

Painting

Minor Construction

Tiling a Floor

Finish Work

Heavy work is okay

Other _____

If you have any questions, please feel free to contact: **David Gaunt at: 231-884-2423** or
Andrew MacDonald at: 231-920-5311

Volunteer Assistance and Waiver of Liability Forms can be mailed to: **After 26 Project**
1800 E. 34 Road
Cadillac, MI 49601

Thank you for your support!!!

Important: Each volunteer must sign the "Release and Waiver of Liability" before working on an After 26 Project site. Please complete this form and return to the Board of Directors, or bring it with you before you begin work. *Read this waiver very carefully before you sign.*

Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this ____ day of _____, 2012, by _____ (the "Volunteer") in favor of THE AFTER 26 PROJECT, INC., (hereinafter known as The After 26 Project) a nonprofit corporation organized and existing under the laws of the State of Michigan, USA.

I, the Volunteer, desire to work as a volunteer for The After 26 Project and engage in the activities related to being a volunteer for a work project.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless The After 26 Project and its Board of Directors and 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 my volunteer work with The After 26 Project.

I understand and acknowledge that this Waiver discharges The After 26 Project from any liability or claim that I, the Volunteer, may have against The After 26 Project with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the The After 26 Project work site. I also understand that The After 26 Project 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, illness, death or property damage.

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of The After 26 Project beyond what may be offered freely by the representative of The After 26 Project in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge The After 26 Project from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The After 26 Project.

4. Assumption of the Risk. I understand that my time with The After 26 Project may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The After 26 Project from all liability for injury, illness, death, or property damage resulting from the activities of my time with The After 26 Project.

5. Photographic Release. I grant and convey unto The After 26 Project all right, title, and interest in any and all photographic images and video or audio recordings made by The After 26 Project during my work for The After 26 Project, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Michigan in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this Waiver 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.

Volunteer's Signature

Date

Phone Number

Print Volunteer's Name

Organization (if applicable)

Street Address

City

State

Zip code