

BOARD OF TRUSTEES
Anthony M. Bartolotta, Supervisor
Kim Markee, Clerk
Steven Thomas, Treasurer
Jeff Gilbert, Trustee
Sam Harris, Trustee
Marie E. Hauswirth, Trustee
Gary Wall, Trustee



5200 Civic Center Drive
Waterford, Michigan 48329-3773
Telephone: (248) 674-6201 Fax: (248) 674-5451
www.waterfordmi.gov

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

The Township of Waterford encourages and supports volunteers. As a Volunteer I have an important role in providing services and programs to the public. I want to work as a volunteer for Waterford Township and therefore I freely, voluntarily and without duress execute this Release and acknowledge the following terms:

1. **Waiver and Release:** I hereby release, waive, discharge and covenant not to sue Waterford Township, its departments, officers, employees and agents from any and all liability to me for all losses, injury, death or damage, and any claims or demands thereto, on account of injury to person or property, or resulting in my death in reference to the activities authorized in my work as a volunteer
2. **Medical Treatment:** I release and discharge Waterford Township from any claim that arises or may arise due to any first aid, medical treatment or service rendered to me. I understand that I will not be entitled to worker's compensation
3. **Assumption of Risk:** I understand that my work for Waterford Township may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release Waterford Township from all liability for injury, illness, death or property damage occurring from my work for Waterford Township
4. **Insurance:** Waterford Township 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 Waterford Township the right to use photographic images and video or audio recordings of me that are made by Waterford Township or others during my work assignment for Waterford Township, including royalties, proceeds or other benefits from use of the photographs or recordings
6. **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

VOLUNTEER INFORMATION

DATE(S) OF VOLUNTEERING ACTIVITY

Name (Please Print)

FROM

Signature

TO

Date of Birth

Email completed form to: sschloss@waterfordmi.gov

Address

City/State/Zip

With us there are no boundaries