

Teacher Reuse Exchange

VOLUNTEER MEDICAL RELEASE, PHOTO & LIABILITY WAIVER FORM

Voluntary - I hereby “volunteer” with Reaping Nature Educational Outreach Foundation, Inc. in the Teacher Reuse Exchange. I will select the activities in which I will participate. I will choose activities that are within my physical capacities.

Assumption of Risk - I realize that during this service, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to pick up sharp items or heavy items. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could strain my back or other muscles, receive cuts and abrasions, or suffer serious bodily injury. I freely assume these and other related risks. While the above are examples of potential risks I may face, they are not meant to be wholly comprehensive.

Waiver - I release any and all sponsors, organizers, volunteers, and property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all liability and/or damages associated with my participation. More specifically, I release Reaping Nature Educational Outreach Foundation, Inc., and all Steering Committee members, directors, officers, employees, agents, or officials (“Releasees”) thereof from all actions or claims of any kind that relate to my participation in the community service. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold the “Releasees” harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in community service.

Medical Treatment - If I am injured during the community service, Releasees may render medical services to me, or request that others provide such services. By taking such action, the Releasees do not admit any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the community service, it is my responsibility to seek appropriate medical care and to notify the community service organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this community service.

Please read and complete both front and back and return to Reaping Nature Educational Outreach Foundation, Inc.

Photo Consent - I the undersigned give permission to Reaping Nature Educational Outreach Foundation, Inc. to take photographs during volunteer events, educational programs and other activities and use those photographs in advertising, social media pages or other means of promoting their mission.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION. IN CONSIDERATION OF THE "RELEASEES" ALLOWING ME TO PARTICIPATE, AND FOR OTHER CONSIDERATION RECEIVED, I HEREBY AGREE TO THE ABOVE AS EVIDENCED BY MY SIGNATURE AFFIXED BELOW:

Volunteer's Printed Name

Volunteer's Signature

Parent's Printed Name (if volunteer is under 18)

Parent's Signature

Date _____

Address _____

Email _____

Emergency Contact Person _____

Emergency Contact's Phone Number _____