



Akron Cooperative Farms
“Growing Together”

Volunteer Waiver of Liability

Thank you for working today. We greatly appreciate your assistance and commitment to our urban farm community. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release Akron Cooperative Farms of all liability while working with Akron Cooperative Farms. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____ 20____, by _____ (the “Volunteer”) in favor of Akron Cooperative Farms, a project of the Ohio non-profit corporation, The Akron Leadership Foundation, their directors, officers, employees, and agents (collectively, “ACF”).

The Volunteer desires to work as a volunteer for ACF and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include construction, gardening activities, operating gardening tools, working in the ACF offices, and participating in special events and fundraisers.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless ACF and its 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 Volunteer’s Activities with ACF.

Volunteer understands that this Release discharges ACF from any liability or claim that the Volunteer may have against ACF with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s Activities with ACF, whether caused by the negligence of ACF or its officers, directors, employees, or agents or otherwise. Volunteer also understands that ACF 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.

Medical Treatment: Volunteer does hereby release and forever discharge ACF from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with ACF.

Assumption of the Risk: The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the farm or its designated work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases ACF from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that, except as otherwise agreed to by ACF in writing, ACF does not carry or maintain health, medical, or disability insurance for any Volunteer.

Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto ACF all rights, title, and interest in any and all photographic images and video or audio recordings made by ACF during the Volunteer's Activities with ACF, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer 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.

Volunteer Name (Print Please) : _____

Volunteer Signature: _____

Today's Date: - _____

Volunteer Address: _____

Phone number where you are most easy to reach: _____

Email : _____

Group/Organization: (if applicable) _____

******* If the volunteer is under the age of 18 a parent or legal guardian must sign.*******

Parent Signature: _____ **(if 18 or under)**

In case of emergency, please contact:

Name _____

Relation _____

Address _____

Phone _____