

Release and Waiver
Required by the City of Manistee for all volunteers

I want to participate in volunteer activities for the City of Manistee (“City”). As a City Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

1. Assumption of risk. I understand that volunteering for the City may include activities that are hazardous and/or physically strenuous, and I may be exposed to personal injury or damage to my property. I agree that:

- I will follow all instructions provided by the City, its employees, or volunteer coordinators.
- I will only use equipment that I know how to operate and use safely.
- I will not undertake any activity until I have received adequate instruction.
- I will take all reasonable precautions to avoid injury to myself and others and damage to property.
- I release and agree to indemnify the City with respect to any damage to my personal property or injury to myself with respect to my activities as a volunteer.

2. Medical treatment. I release and discharge the City from any claim that may arise due to any first aid, medical treatment, or service rendered to me.

3. Insurance. The City does not have responsibility for providing any health, medical or disability insurance coverage for me. I understand that if I drive my personal vehicle for City business while volunteering, I must have a valid driver’s license and proof of auto insurance.

4. Photographic release. I grant to the City the right to use photographic images and video or audio recordings of me that are made by the City or others during my volunteer work for the City.

5. Duration of Release. My agreement to the terms in this Release & Waiver applies as long as I volunteer for the City. I agree that this Release is intended to be as broad and inclusive as permitted by 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.

I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

Signature

Street Address

Name of Adult (please print)

City, State, Zip Code

If signing for minor, minor’s name

Phone Number

Emergency Contact

Emergency Phone Number