



THEY'RE YOUR METROPARKS. TAKE A WALK ON OUR WILD SIDE.

Administrative Office | 13000 High Ridge Drive, Brighton MI 48114-9058 | 810-227-2757 | metroparks.com

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Required by the Huron-Clinton Metroparks for all volunteers.

Please read carefully. This is a legal document that affects your legal rights.

I am choosing to participate in the volunteer activities of the Huron-Clinton Metroparks. As a Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

1. Assumption of risk. I understand that my work for Huron-Clinton Metroparks may include hazardous and/or physically strenuous activities and I may be exposed to personal injury or damage to my property as a result. Though the Huron-Clinton Metroparks will provide me with support, supervision, training, and supplies to accomplish assigned activities, I agree to the following:
 - I will follow all instructions provided by the Huron-Clinton Metroparks staff
 - I will only use equipment that I know how to operate and use safely
 - I will not undertake any activity for which I do not feel sufficiently prepared or capable of and I will wait to perform any tasks until I have received instructions to do so
 - I will take all reasonable precautions to avoid injury to myself and to others and damage to property
 - Finally, I agree to assume the risk of injury or harm and release the Huron-Clinton Metroparks, its directors, employees, and other volunteers from all liability for injury, illness, death, or property damage arising from my work for the Huron-Clinton Metroparks.
2. Waiver and Release. I hereby release and forever discharge and agree to indemnify and hold harmless the Huron-Clinton Metroparks therein from any and all claims, liabilities, losses, damages, costs and expenses resulting from injury or death of any person or persons or property damage caused by my gross negligence or intentional acts during my work as a Volunteer. I understand that this release discharges the above entities from any liability that may result from my work as a Volunteer even if said liability is caused by negligence on behalf of the Huron-Clinton Metroparks.
3. Medical treatment. I hereby consent to the provision of emergency first aid or medical treatment to me in the event of an emergency. I hereby release and discharge the Huron-Clinton Metroparks from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.
4. Insurance. The Huron-Clinton Metroparks 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 the Huron-Clinton Metroparks the right to use photographic images/video/audio recordings of me that are made by the Huron-Clinton Metroparks or others during my volunteer work.
6. Duration of Release. My agreement to the terms in this Release and Waiver applies as long as I volunteer for the Huron-Clinton Metroparks.
7. 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.
8. I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

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(If under 18 years old) Parent/Guardian Name	Signature	Date
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