Camp Cavell Conservancy
3335 Lakeshore Road
Lexington, Michigan 48450

Volunteer Release and Waiver of Liability

Camp Cavell Conservancy supports and encourages 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 Camp Cavell Conservancy. While I am serving as a volunteer, I have the same immunity from civil liability under Michigan law as an employee of Camp Cavell Conservancy. After becoming a volunteer, Camp Cavell Conservancy will provide me with support, supervision, training, and supplies for me to accomplish my assigned tasks.

Therefore, I do 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 Camp Cavell Conservancy, its departments, officers, employees, and agents, from any 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 about the activities authorized in my work as a volunteer. I hereby covenant and agree to indemnify and save harmless, Camp Cavell Conservancy, its departments, officers, employees, and agents, from any claims an
2. d demands, for all loss, injury, death, or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.
3. **Medical Treatment.** I release and discharge Camp Cavell Conservancy from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me. I understand that I may not be entitled to workers' compensation.
4. **Assumption of risk.** I understand that my work for Camp Cavell Conservancy may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release from all liability for injury, illness, death, or property damage from my Camp Cavell Conservancy work.
5. **Insurance.** Camp Cavell Conservancy does not have responsibility for providing any health, medical, or disability insurance coverage for me. As a volunteer, I am responsible for ensuring I have medical/health insurance.
6. **Photographic release.** I grant Camp Cavell Conservancy the right to use photographic images and video or audio recordings of me that are made by Camp Cavell Conservancy or others during my work assignment for Camp Cavell Conservancy, including royalties, proceeds, or other benefits from the use of the photographs or recordings.
7. **Copyright Laws.** I understand that showing videos in public that are intended for home viewing is prohibited under U.S. copyright laws
8. **Discrimination Laws.** I agree to follow Camp Cavell Conservancy's policy, along with state and federal laws that forbid discrimination in employment, education, housing, public accommodation, law enforcement, or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight, or disability.
9. **In-Kind Service.** Camp Cavell Conservancy is eligible for some grants that require that the grant dollars received be matched by Camp Cavell Conservancy. Many grants allow the use of in-kind services as a portion of this match instead of actual dollars. My signature certifies that I consent to the use of my volunteer time as a possible in-kind match for grants received by Camp Cavell Conservancy.
10. **Other**. I agree that this Release is intended to be as broad 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.

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Volunteer Signature **Date**

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Printed Name

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Parent/Guardian Signature **Date**

If under 18 must have a parent guardian signature