Day Of Action Volunteer Agreement, Release and Waiver of Liability

This Volunteer Agreement, Release and Waiver of Liability ("Agreement") is entered into by the undersigned volunteer ("Volunteer") in favor of **United Way of 1000 Lakes, Itasca County Habitat for Humanity, CEDA, and the City of Calumet**, along with their respective agency(s) in developing this project, officers, directors or employees, agents, and volunteers (collectively referred to as the "Released Parties").

1. Nature of Volunteer Activities
I desire to participate as a volunteer in the **United Way of 1000 Lakes Day of Action**, a community service initiative in which volunteers assist with projects benefiting community members and organizations.

Volunteer activities may include, but are not limited to:

- Constructing, repairing, or rehabilitating residential or community buildings
- Landscaping, debris removal, painting, and general cleaning of public or residential properties
- Loading and unloading materials and traveling to and from project sites
- Assisting with administrative tasks, event logistics, or other support roles

I understand that these activities may take place at various worksites and may involve manual labor, tools, and outdoor conditions.

2.Release and Waiver
I, the Volunteer, understand that these Activities may involve risks, including personal injury, illness, permanent disability, property damage, or death. These risks include exposure to lead, asbestos, mold, or infectious diseases (including viruses/bacteria), and the inherent hazards of construction and outdoor labor.

I hereby release and forever discharge the Released Parties 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 my Activities. I understand that this Release discharges the Released Parties from any liability or claim that I may have against them with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my Activities, whether caused by the negligence of the Released Parties or otherwise, except for willful or intentional misconduct.

3. Medical Treatment and Insurance

- **Medical Treatment:** I hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my Activities.
- **Insurance:** I understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance, including but not limited to medical, health, or disability insurance. I confirm that I have my own primary health insurance coverage.

4. Minor Participation Guidelines
I understand that children under 16 are not allowed on construction sites while work is in progress. Volunteers aged 16–18 may participate in certain activities but are strictly prohibited from using power tools, performing demolition, or working on rooftops.

5. Media and Communications Release
I grant the Released Parties permission to use my name, voice, likeness, photographs, and video recordings taken during Day of Action activities for promotional, educational, fundraising, or communications purposes, including social media and publications, without compensation. I waive any right to inspect or approve the finished materials.

6. Confidentiality
I understand it is my responsibility to keep confidential all information that I may gain or become privy to as a Day of Action volunteer. I will respect all individuals' rights to privacy and their confidentiality. I will not discuss or in any other way disclose any information concerning any individual I come into contact with at Day of Action. This includes, but is not limited to: any information regarding Released Parties, their guests, administrative operations, and any other information accessed through volunteering at the Day of Action.

7. Governing Law and Severability
This Agreement shall be governed by and interpreted in accordance with the laws of the State of Minnesota. If any portion of this Agreement is found to be invalid or unenforceable, the remainder shall remain in full force.

Acknowledgment and Signature
By signing this waiver, I certify that: I have read and agree to the waiver, and I certify that I am over 18 years of age, in good health and able to participate in the program activities on Day of Action. I have read the foregoing release, authorization and agreement, and I fully understand the contents.

Printed Name of Volunteer:_____

Signature: _____

Date:_____

Company/Group:_____

Address: _____

City, State, Zip:_____

Phone Number:_____

Email: _____

Emergency Contact's Name & Phone number:_____

Minor Volunteer Under the Age of 18
I, the undersigned, am the parent or legal guardian of the Minor Volunteer named below. I have read the above Release and Waiver of Liability and agree to its terms on behalf of the Minor. I give my informed consent for the Minor to participate in the Day of Action activities.

Printed Name of Minor Volunteer: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____