



Ypsilanti Food Cooperative
312 N. River Street
Ypsilanti, Michigan 48198
734-483-1354

VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for the Ypsilanti Food Cooperative (the Co-op) as a volunteer.
2. As a volunteer, I understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including unemployment insurance benefits upon the termination of this agreement or as a result of this service. However, I may receive a discount based on the current Co-op Volunteer Policy, of up to 12% on my discountable purchases in recognition of the time I give to the Co-op.
3. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
4. I am aware that participation as a volunteer may require periods of standing, lifting and carrying and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage. **This includes any harm that might result from working around or with bees and beehives.**
5. The volunteer agrees to waive and release the Co-op from any and all potential claims for injury, illness, damage, or death which the volunteer may have against the Co-op that might arise out of the volunteer's service and to hold the Co-op harmless there from. **This includes any harm that might result from working around or with bees and beehives.**
6. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY the Co-op's WORKERS' COMPENSATION PROGRAM. I authorize the Co-op to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury; and that the Co-op does not provide insurance for medical expenses.
7. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for the harm done.
8. In projects where the volunteer will be transporting others in a non- Co-op owned vehicle, the volunteer may be required to provide proof of automobile insurance in order to participate.
9. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date

Volunteer Signature

Printed Name

Date

Ypsilanti Food Cooperative Representative Signature

Printed Name

CONSENT FOR MINOR VOLUNTEER
BY PARENT OR GUARDIAN

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor's parent or guardian.

Date

Parent or Guardian Signature

Printed Name

PHOTO RELEASE

I hereby give my consent for the the Ypsilanti Food Cooperative to use my photograph and likeness, and/or my children's photograph in likeness, to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____