



CITY GREEN, INC. VOLUNTEER WAIVER

ALL VOLUNTEERS MUST INITIAL BELOW AND ALSO SIGN THE CITY GREEN, INC. VOLUNTEER WAIVER

Name (Please Print): _____ E-mail: _____

Address: _____ City/State/Zip: _____

Phone: (cell) _____ How did you hear about our program? _____

Reference (Other than family):

Name: _____ Daytime phone: _____ Relationship: _____

I acknowledge that I have decided to volunteer with City Green, Inc. I acknowledge on my behalf that no compensation from City Green, Inc. will be received for any volunteer services. I acknowledge that I am not an employee of City Green, Inc. and will not be considered an employee of City Green, Inc. for any purpose. I understand that City Green, Inc. or I may end volunteer services at any time and for any reason.

For your own safety, and the safety of those this agency serves, volunteers will be provided with training to safely execute the activities requested of them. This form indicates that I have been specifically informed of the risks listed below and trained by a City Green, Inc. staff member in applicable safety precautions. By signing this form, I agree on behalf of myself to abide by safety standards as explained and provided in writing.

Further, on behalf of myself, I understand that while City Green, Inc. takes seriously the need to provide a safe workplace for staff and volunteers, City Green, Inc. cannot insulate myself from unforeseen circumstances that may cause me harm. I understand that as a volunteer with City Green, Inc. I assume the normal risks of such volunteer service, and agree not to hold City Green, Inc. responsible for such risks. I also agree that if I feel discomfort, pain, or physically unwell in the course of performing volunteer service, or if I feel uncomfortable about performing any volunteer function, that I will notify the supervisor immediately.

The specific risks associated with volunteer service with City Green, Inc. are as follows:

- 1. Heat and sun exposure related illnesses**
- 2. Bee and other insect stings**
- 3. Physical injury related to working with gardening/farming tools**

Accordingly, for good and valuable consideration, including but not limited to the privilege of volunteering with City Green, Inc., I hereby agree on behalf of myself the following:

1. By signing at the bottom, I acknowledge that volunteer services for City Green, Inc. are entirely voluntary, and hereby voluntarily assume any and all risks (both known and unknown) associated with my volunteer service for City Green, Inc., including but not limited to those risks described above.
2. I agree on behalf of myself and on behalf of my representatives, assigns, heirs and next of kin, to waive City Green, Inc., (and its officers, directors, employees, agents, representatives and volunteers) from any and all responsibility, liability, claims, demands, costs, expenses (including attorneys' fees) or actions arising out of or relating in any way to my volunteer services with City Green, Inc., including, but not limited to, all actions based upon negligence and all claims, for any personal or physical injury or damage to me or my property, whether occurring on City Green, Inc.'s premises or otherwise.
3. I further consent to the unrestricted use by City Green, Inc. and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me. Any such items will only be used for non-commercial promotional purposes and no names or identifiers will be used.



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4. I hereby acknowledge on behalf of myself that I have been given a reasonable opportunity to read the foregoing waiver and release of claims, and that on behalf of myself, I have read and fully understand its provisions.

ALL VOLUNTEERS MUST SIGN THE CITY GREEN, INC. VOLUNTEER APPLICATION BELOW

CITY GREEN BEE ALLERGY POLICY AND PROTOCOL

- ✓ All visitors, staff and volunteers who come on to the City Green Schultheis Farm or City Green Learning Garden in Eastside Park sites must complete the form below.
- ✓ It is mandatory that any person with a bee allergy carry their Epinephrine Auto-Injector (also known as an "Epi Pen") with them at all times and sign this release form allowing trained City Green staff to administer the Epinephrine Auto-Injector, should they need assistance.
- ✓ Any person with bee allergies who does not comply with the above stated policy will NOT be permitted on the City Green Schultheis Farm or the City Green Learning Garden in Eastside Park sites.

Accordingly, I hereby agree as follows:

1. **I acknowledge (check one):**

- ☐ I do **NOT** have a bee allergy
☐ I **DO** have a bee allergy

On behalf of myself, I have been informed of City Green, Inc.'s related policies and procedures, including:

- I agree to inform City Green staff of my own bee allergy. I additionally agree that while on the City Green Schultheis Farm site or the City Green Learning Garden Eastside Park site, I will carry with myself, at all times, my Epinephrine Auto-Injector.
 - By signing below, I agree to allow trained City Green staff members to administer my Epinephrine Auto-Injector if I am unable to do so myself.
2. I agree on behalf of myself and on behalf of my representatives, assigns, heirs and next of kin, to waive City Green, Inc., (and its officers, directors, employees, agents, representatives and volunteers) from any and all responsibility, liability, claims, demands, costs, expenses (including attorneys' fees) or actions arising out of or relating in any way to my volunteer services with City Green, Inc., including, but not limited to, all actions based upon negligence and all claims, for any personal or physical injury or damage to me or my child's or my property, whether occurring on City Green, Inc.'s premises or otherwise.
3. I hereby acknowledge that on my own behalf, that I have been given a reasonable opportunity to read the foregoing waivers and release of claims, and that I have read and fully understand its provisions and am aware of the inherent risks in the activities.

Volunteer Certification and Authorization:

By signing I certify that the information provided in the Volunteer Application is true, correct and complete. I authorize verification of all statements contained in this application. I agree that I have read, understood and agree to adhere to all of the policies and procedures outlined in the City Green, Inc. Volunteer Application.

Volunteer Name (Please Print): _____ Date: _____

Volunteer Signature: _____ Date: _____



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Verification by City Green, Inc. Supervisor

I certify that I have reviewed the volunteer specific risks associated with the volunteer service involved included in the City Green, Inc. Volunteer Application; that I have reviewed City Green Inc.'s safety procedures and provided an amended copy of City Green Inc.'s Safety Manual; and, informed the volunteer that there is a more detailed copy of City Green, Inc.'s Safety Manual in our offices for their review.

Supervisor Name: _____ Supervisor Signature: _____ Date: _____