



Day Volunteer / Community Service Waiver

(Please Print Clearly)

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____

Yes, I would like to receive regular emails from Lake Katherine Nature Center & Botanic Gardens

Parental/Guardian Consent (Please complete this section if under 18 years of age)

Name of Parent/Guardian: _____

Daytime Phone #: _____ Cell/Alternate Phone #: _____

I hereby give _____ permission to volunteer at Lake Katherine. I also give consent to take whatever emergency steps are necessary to safeguard the health and welfare of my child.

Parent's Signature

Date

Waiver and Release of Liability, Indemnification and Hold Harmless Agreement

This Waiver and Release of Liability, Indemnification and Hold Harmless Agreement ("Agreement") is between the Volunteer and Lake Katherine Nature Center and Botanic Gardens and its directors, officers, members, employees, agents, assigns, legal representatives and successors (hereinafter referred to as "LKNCBG").

As a volunteer I hereby understand and agree to the following:

I, the Volunteer, understand that the scope of my relationship with LKNCBG is limited to a volunteer position, that I am not an employee of LKNCBG, and that I am not entitled to any wages or other compensation in return for the services I provide. I also acknowledge that LKNCBG will not provide me any benefits traditionally associated with employment. In addition, I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my activities with LKNCBG.

I have no expectation of future employment with LKNCBG as a result of my providing such volunteer service. I understand and acknowledge that the volunteer relationship is "at-will," for no definite period and may be terminated by me or LKNCBG at any time, with or without cause, and with or without notice.

I, the Volunteer, release and forever discharge and hold harmless LKNCBG and its successors and assigns 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 as a direct or indirect consequence of my volunteering at or for LKNCBG, notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of LKNCBG.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice from an attorney prior to signing this

Agreement. I understand that this Agreement is binding on me and anyone acting on my behalf, including but not limited to my spouse, executors, agents, heirs, administrators, attorneys, personal representatives, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me. I understand that this Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals. This Agreement will be construed in accordance with and governed by the laws of the State of Illinois.

Volunteer Name (Please print)

Volunteer's Signature

Date

Parent Name (if volunteer is under 18 years of age)

Parent's Signature

Date

Photo and Video Release

I acknowledge that I may be photographed or videotaped while volunteering. This image (photo or video) may be used in publications or to otherwise promote Lake Katherine programs as in Internet websites, posters, audio/video presentations or other displays. The image may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Lake Katherine programs.

I hereby grant Lake Katherine Nature Center and Botanic Gardens permission to disclose my identity and to reproduce and distribute videotapes, films, photographs, transparencies, and sound recordings of me arising out of my volunteer activities at Lake Katherine.

Volunteer's Signature

Date

Parent's Signature

Date

Volunteer Log

Date	Time In	Time Out	Work Performed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____