



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: _____ Hours Requested: _____

Yes, I would like to be added to Lake Katherine Nature Center & Botanic Gardens' email list

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

Name of Parent/Guardian: _____ Relationship: _____

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

Emergency Contact

In the event of an emergency, please list below the person you would like us to contact:

Name: _____ Relationship: _____

Primary Phone #: _____ Alternate Phone #: _____

Volunteer Guidelines & Safety Information

Please read and initial the information below. (If under 18 years of age, both volunteer and parent/guardian initials are needed.)

_____ Volunteers are expected to dress for the weather if working outdoors. This includes hats, gloves, insulating layers or other clothing as appropriate. Please see the accompanying guidelines for our volunteer dress code.

_____ Ticks, mosquitoes, poison ivy and other natural hazards may be present in outdoor work areas. Volunteers should bring insect repellent and sun screen as needed, and wear protective clothing.

_____ Water fountains are available inside the Nature Center. Volunteers are encouraged to keep a refillable water bottle with them, especially during summer months.

_____ Any safety or health concerns should immediately be brought to the attention of a staff member.

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's Name (if volunteer is under 18)

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 (if volunteer is under 18)

Date

AVAILABLE _____ DAYS: _____
_____ TIME: _____

Thank you!