

Friends of the Chicago River



VOLUNTEER GROUP WORKDAY WAIVER

I understand that as a volunteer of Friends of the Chicago River (FCR):

- the scope of my relationship with FCR is limited to a volunteer position and that no compensation is expected in return for services provided by me;
- I will not receive and FCR will not provide any benefits associated with employment to me;
- I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to FCR; and
- I am also responsible for arranging for my transportation to and from the volunteer project site.

I understand that there are certain risks of injury in any position, particularly in outdoor programs or activities. I will make reasonable efforts to ensure my own safety and the safety of other volunteers and staff. I assume full responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. I will follow all the rules and regulations of FCR and will follow all directions and instructions given to me by staff and/or certified volunteer leaders.

By signing this Waiver, I release and forever discharge Friends of the Chicago River, its event partners and sponsors and their successors, assigns, directors, members, managers, officers, employees, agents, volunteers, invitees, donors and all other persons or entities whomsoever, of and from any and all actions, claims, losses or liabilities, known or unknown, which may arise from my volunteer work with FCR.

PHOTO RELEASE (OPTIONAL) – I grant and convey to Friends of the Chicago River (FCR) and its successors, and assigns and anyone authorized by any of them, the irrevocable and unrestricted right to use and publish any and all photographic or digital images and video, audio or other recordings (in any medium) of me, my likeness or voice made in connection with my providing volunteer services to FCR.

Please check the appropriate box: YES NO

I have read and agree to the Volunteer Waiver and (optional) photo release

Event Location _____ Date _____

Participant's Name(s)¹ _____

Parent/Guardian's Name (if minors) _____

Home Address _____

City, State Zip _____

Phone Number _____ Email _____

Volunteer Signature (for minors, Parent/Guardian Signature) _____

¹ PLEASE USE ONE RELEASE FORM PER FAMILY.