



### **Volunteer Agreement, Informed Consent, & Release of Liability Form**

Please take your time and thoroughly read through this Volunteer Agreement, Informed Consent, & Release of Liability Form (the "Agreement"). All Protect Life Michigan ("PLM") volunteers are required to certify and agree that they are bound by and will abide by this Agreement. If anyone refuses to or does not sign this Agreement, that person will not be allowed to participate in any PLM related activities, including outreach and other volunteer opportunities.

1. Volunteer and/or Guardian understand that abortion, in surgical, chemical, or any other form, directly and intentionally kills a pre-born human being. It is therefore wrong, regardless of the circumstances under which the child came into existence or the circumstances in which that child continues to develop.
2. Volunteer and/or Guardian condemn all forms of violence, will not commit violent acts, and will not collaborate with groups or individuals who are violent or fail to condemn violence.
3. Volunteer and/or Guardian will direct all inquiries and requests for official statements, viewpoints, and communications, whether from media, police, or others, to the designated director of the event.
4. Volunteer and/or Guardian will always treat people with respect, even if they are angry and/or verbally abusive. I will not shout at people.
5. Volunteer and/or Guardian will never trespass on private property or disrupt any event at which a PLM demonstration takes place.
6. During outreach, Volunteer and/or Guardian will immediately report any threats, violence or other crimes to the outreach leader.
7. Volunteer and/or Guardian will make all reasonable efforts to safely remove others and myself from the presence of those making threats.
8. Volunteer and/or Guardian understand that PLM activities and those displaying PLM materials may be the targets of anger, harassment, verbal abuse, verbal threats, physical threats, and physical assault. Volunteer and/or Guardian also understand that my participation in PLM activities may put me in direct or indirect contact with individuals who have been exposed to or diagnosed with a communicable disease, including but not limited to COVID-19 or other medical conditions, diseases, maladies, or variations thereof, and it is impossible to eliminate the risk you may become infected through contact with or being in close proximity to an individual with a communicable disease, including without limitation, COVID-19. In consideration of being permitted to participate in PLM activities, Volunteer and/or Guardian recognize and assume the risks, hazards and dangers of injuries from my participation. I, on my own behalf and on behalf of any persons claiming by, through or under me, hereby waive, release and forever discharge any and all claims or causes of actions which Volunteer and/or Guardian may have now or hereafter against PLM, and each of their respective members, directors, affiliates, employees, agents, officers, volunteers, successors, and assigns (collectively, the "Released Parties"), whether known or unknown, arising out of any injuries or damage that Volunteer and/or Guardian may sustain in connection with my participation in any PLM activities and hereby further agree to indemnify and hold all of the Released Parties harmless from and against any and all such claims and causes of action.
9. Volunteer and/or Guardian agree and hereby covenant not to sue any of the Released Parties for the claims waived and released in this Agreement. Volunteer and/or Guardian further agree and understand that Volunteer and/or Guardian will be responsible for the Released Parties'

attorneys' fees and cost incurred in the event Volunteer and/or Guardian breach or otherwise do not comply with this Agreement.

10. Volunteer and/or Guardian authorize PLM to treat or have me treated in any medical emergency during their participation in any PLM activities. Volunteer and/or Guardian further agree to pay all costs associated with medical care and transportation.
11. Volunteer and/or Guardian consent to being videotaped, audiotaped, and photographed throughout my participation in PLM activities. Volunteer and/or Guardian release all copyrights in any and all of the foregoing to PLM and agree to allow PLM to use my name and image in PLM's sole discretion.
12. Volunteer and/or Guardian agree that if Volunteer and/or Guardian disregard or otherwise do not comply with this Agreement, Volunteer and/or Guardian will be required to discontinue participation in PLM activities, at the discretion of the local PLM Chapter Coordinator and Protect Life Michigan staff.
13. Volunteer and/or Guardian, in addition to the foregoing, hereby agree for myself, my ward, and my heirs and personal representatives that neither PLM, nor the sponsoring organization, nor any employee, officer, director, servant or agent of the any of the foregoing will be liable for any loss, damage, action, cause of action, claim, expense or other compensation of whatever kind, whether arising in law or in equity (including, without limitation, damage to property, contracting COVID-19, personal injury, and death) which Volunteer and/or Guardian may suffer, incur or cause while participating in any PLM activities, including without limitation, any demonstration.
14. Volunteer and/or Guardian agree to comply with all applicable federal, state, and local laws, rules, regulations, and orders.

I acknowledge I have read and understand this Agreement, and I agree to be bound and to abide by it.

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Volunteer Name (please print)

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Volunteer Signature

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Date (MM/DD/YYYY)

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If under 18: Volunteer's Parent/Guardian's name (please print)

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Volunteer's Parent/Guardian's Signature

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Date (MM/DD/YYYY)

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Witness' name (please print)

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Witness' signature

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Date (MM/DD/YYYY)

Email address: \_\_\_\_\_