

Volunteer Agreement to Waive Liability



Cedar Lakes Conservation Foundation, Inc.

Valid for: 2026

Cedar Lakes Conservation Foundation, Inc. ("CLCF") is a Wisconsin nonprofit corporation located in Washington County, Wisconsin. I am a volunteer, who wishes to provide volunteer services for the benefit of CLCF. In this role, I read and agree to the following terms and provisions:

1. **Volunteer Role.** I understand that as a volunteer I am not an employee of CLCF and will not receive compensation for my donated services. I also understand that most of my donated services will be provided in an outdoor environment that may be or could become dangerous or hazardous. I attest and verify that I am physically fit and sufficiently trained to provide the services and that, if appropriate, my physical fitness to participate as a volunteer has been verified by a licensed medical doctor. I agree to assume the risk of and be totally responsible for my own personal safety, conduct, and well-being.
2. **Volunteer Rules.** I will follow all the rules and regulations of CLCF and all directions and instructions given to me by the staff and/ or trained volunteers. I am not authorized to enforce CLCF's rules but will promptly notify CLCF staff if and when violations of rules are observed.
3. **Conduct.** I will conduct myself in a professional manner and present a positive image of CLCF. This includes being respectful and helpful to other volunteers, CLCF staff, and the public.
4. **Minimize Risk.** I agree to work with CLCF to minimize the risk of injury to me. To this end, I agree that I will not use any power equipment, axes, or saws, nor apply herbicides, pesticides, or toxic chemicals to or on CLCF properties without the express pre-approval of CLCF. "Passive" tools such as shovels, spades, pruning shears, and similar hand tools can be used in the normal course of volunteering without special permission.
5. **Media Contact and Photo Release.** In my role as a volunteer, I understand that I do not represent CLCF in an official capacity and will not speak or write to the media on behalf of CLCF. I also agree that CLCF may photograph and/or videotape me while I am engaged as a volunteer, and I expressly grant and convey to CLCF all rights, title, and interest in and to any and all photographic images and video or audio recordings made by CLCF during volunteer work, including but not limited to any royalties, proceeds, or other benefits derived from such photographs, videos, or recordings.

6. **Liability Waiver.** I expressly assume all known and unknown risks associated with volunteer activities, including but not limited to: loss of or damage to personal property; injury (including death); accidents, the effect of weather; terrain conditions that may vary widely and may include uneven or slippery surfaces; animals; and natural and manmade obstacles that may unexpectedly present themselves. I further agree that CLCF is not responsible for my safety or the safety of my belongings. I accept this Agreement as a complete and unconditional release, waiver, and discharge of all liability to the greatest extent allowed by the laws of the State of Wisconsin and agree to hold harmless CLCF, its Board Members, and staff from and against any liability or causes of action in connection with my participation as a volunteer.

Signature of Volunteer

Date

Print Name

Address

Email

Phone

Emergency Contact

Phone

If under 18, adult signature is required, and the minor must be accompanied by an adult. This form is to be submitted by the person responsible for supervision of the minor.

Complete below if supervision is assigned.

I assign _____ to supervise _____, a minor. This assigned individual has emergency contact information to reach me in case of an emergency.

Name of Minor

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Approved by the CLCF Board of Directors on May 20, 2020.