

The Village of  
**Alanson**  
7631 US 31 North, Alanson, MI 49706

**Volunteer Release and Waiver of Liability Form**

This Release and Waiver of Liability (the "release") executed on \_\_\_\_\_ (date) by \_\_\_\_\_ ("Volunteer") releases **VILLAGE OF ALANSON** a municipal entity existing under the laws of the State of \_\_\_\_\_ and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for **VILLAGE OF ALANSON** and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with **VILLAGE OF ALANSON** is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that **VILLAGE OF ALANSON** will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to **VILLAGE OF ALANSON**.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless **VILLAGE OF ALANSON** and its officials, representatives, successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to **VILLAGE OF ALANSON**. I understand and acknowledge that this Release discharges **VILLAGE OF ALANSON** from any liability or claim that I may have against **VILLAGE OF ALANSON** with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to **VILLAGE OF ALANSON** or occurring while I am providing volunteer services.

2. Insurance: Further I understand that **VILLAGE OF ALANSON** does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of **VILLAGE OF ALANSON** beyond what may be offered freely by **VILLAGE OF ALANSON** in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge **VILLAGE OF ALANSON** from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with **VILLAGE OF ALANSON**.

4. Assumption of Risk: I understand that the services I provide to **VILLAGE OF ALANSON** may include activities that may be hazardous to me including, but not limited to \_\_\_\_\_ involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release **VILLAGE OF ALANSON** from all liability.

5. Photographic Release: I grant and convey to **VILLAGE OF ALANSON** all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by **VILLAGE OF ALANSON** in connection with my providing volunteer services to **VILLAGE OF ALANSON**.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of \_\_\_\_\_ and that this Release shall be governed by and interpreted in accordance with the laws of the State of \_\_\_\_\_. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

The Village of  
**Alanson**

7631 US 31 North, Alanson, MI 49706

\_\_\_\_\_  
Signature (Or parent/guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**VILLAGE OF ALANSON** Witness Signature

\_\_\_\_\_  
Date

*This is a sample only which should be tailored to meet the needs of your entity.  
It is provided for informational purposes only. This policy must be  
approved by legal counsel before implementation.*