

Peninsula Township, Grand Traverse County  
13235 Center Rd.  
Traverse City, MI 49686  
Phone: (231) 223-7322

**Volunteer Waiver and Release**

**IMPORTANT:** RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS INCLUDED.

---

**Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Township: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Under the age of 18, please list the date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

**Scope of Waiver and Release.** All individuals performing volunteer work on behalf of Peninsula Township (the "Township"), regardless of age, must read and sign this Volunteer Release and Waiver for any volunteer work with the Township ("Volunteer Event").

**Volunteer Status.** As a volunteer, you acknowledge that any duties you perform for the Township are without expectation of compensation.

**Duties of Volunteers.** You agree to behave in a responsible manner. You will only perform work that you feel you can accomplish safely and are of physical health to complete. You agree to report any unsafe conditions that you encounter to a Township representative.

**Assumption of Risk.** You understand that there are risks inherent in and incidental to the Township's Volunteer Event so, you hereby acknowledge that you are willing to be a volunteer to perform activities for the Township. You hereby release the Township and its agents and employees from any and all claims that may arise, including but not limited to any expenses, personal injuries, losses, or damages that you may suffer as a Township volunteer.

**Consideration and Indemnification.** In consideration of you being permitted to partake in the Volunteer Event, you, on your own behalf and on behalf of any persons claiming by, through or under you, hereby waive, release, and forever discharge any and all claims and causes of actions which you or your minor child or ward may have now or hereafter against the Township arising from a Volunteer Event, whether known or unknown, arising out of any injuries or damage that you or your minor child or ward may sustain in connection with any and all participation in the Volunteer Event. Your waiver, release, and discharge extend not only to the Township itself, but also to its officers, directors, managers, agents, employees, volunteers, contractors, consultants, affiliates, successors, and assigns.

**This Waiver and Release must be signed and returned to Peninsula Township prior to participating in the Volunteer Event.**

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED.