

Volunteer Acknowledgement, Release and Waiver Form

Attention: Please read the following very carefully as it affects your legal rights.

I, _____ am participating in volunteer activities with the Corporation of
Print Full Name
the Municipality of Chatham-Kent ("Municipality") for **Gleaning**

beginning on ____/____/____ and ending on ____/____/____. In consideration of the
Day / Month / Year Day / Month / Year

Municipality allowing me to participate in the volunteer activities, I fully understand and agree to the following:

1. I will not be participating in the volunteer activities in the capacity of a Municipal employee or independent contractor.
2. No pay, payment, salary, wage or employee benefits (such as accident/disability/medical/dental or other insurance coverage) whatsoever will be paid to me and I will not be covered by the Workplace and Safety Insurance Board.
3. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I participate as a volunteer at my own risk.
4. I fully release, waive and discharge the Municipality and its elected officials, officers, employees and agents and their respective successors, assigns, heirs, and executors from all liability to the undersigned for any claims, demands, damages, costs, actions and causes of action, in respect of death, injury, loss or damage to person or property, however caused, arising or to arise by reason of my participation in the volunteer activities.
5. I will abide by all applicable Municipality training, policies and rules, including those relating to the treatment of confidential information and will follow all instructions of the appropriate Municipal management/volunteer lead staff person in carrying out the volunteer activities.
6. I will not use facilities, equipment, or property owned by the Municipality without the approval of a Municipality management staff person.
7. I will not use facilities, equipment, or property owned by The Municipality, for personal purposes.
8. Either the Municipality or I may terminate my participation in the volunteer activities at any time.

By signing this form:

- I acknowledge that I have read and understood the preceding conditions, release, and waiver; and
- I agree to the preceding conditions, release and waiver.

Signed at _____

Date: ____/____/____
Day/Month/Year

Signature of Witness

Signature of Volunteer

Name of Witness (Print)

Name of Volunteer (Print)

Note: This form must be completed and signed by the volunteer before being accepted by The Municipality for volunteer activities. The original is to be retained by the supervisor, along with a signed Promise of Confidentiality (where applicable), with a copy of each to be given to the volunteer.