

Revised: December March 13, 2015

Important: Each volunteer must read and sign the "Release and Waiver of Liability" before volunteering.
Please complete this form and hand it in to Motor City Bight Busters staff members before you volunteer.

Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this ____ day of _____, 20____, by _____ (the "Volunteer") in favor of MOTOR CITY BLIGHT BUSTERS OF DETROIT, INC., a nonprofit corporation organized and existing under the laws of the State of Texas, USA, and a partner with United Peace Relief. INC. in Ukiah, CA, and both of their directors, officers, employees, and agents (collectively, "Motor City Bight Busters").

I, the Volunteer, desire to work as a volunteer for Motor City Bight Busters and engage in the activities related to being a volunteer for a work project.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless Motor City Bight Busters and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Habitat.

I understand and acknowledge that this Waiver discharges Motor City Bight Busters from any liability or claim that I, the Volunteer, may have against Motor City Bight Busters with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Motor City Bight Busters work site. I also understand that Motor City Bight Busters does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Motor City Bight Busters beyond what may be offered freely by the representative of Motor City Bight Busters in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge Motor City Bight Busters 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 time with Motor City Bight Busters.

4. Assumption of the Risk. I understand that my time with Motor City Bight Busters may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Motor City Bight Busters from all liability for injury, illness, death, or property damage resulting from the activities of my time with Motor City Bight Busters.

5. Photographic Release. I grant and convey unto Motor City Bight Busters all right, title, and interest in any and all photographic images and video or audio recordings made by Motor City Bight Busters during my work for Motor City Bight Busters, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Michigan in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer's Signature Date

Print Volunteer's Name Organization (if applicable)

Street Address City State Zip code