

Waiver of Liability for Minors (ages 14 -17)

Important: Each volunteer must read and sign the "Release and Waiver of Liability" before volunteering on a Motor City Blight Busters site.

This release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by the minor volunteer and his/her legal guardian _____ in favor of Motor City Blight Busters of Detroit, INC., a nonprofit corporation organized and existing under the laws of the State of Michigan, USA and a partner with United Peace Relief, Inc. in Ukiah, CA and both of their directors, officers, employees, and agents (collectively, "Motor City Blight Busters").The Minor _____, desires to work as a volunteer for Motor City Blight Busters and engage in the activities related to being a volunteer for a work project. I, the legal guardian _____, here by freely and voluntarily, without duress, execute this Release under the following terms:

1. Waiver and Release.

The guardian and minor release and forever discharges and hold harmless Motor City Blight 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 the minor's volunteer work at Motor City Blight Busters. The guardian/volunteer understands and acknowledges that this Release discharges Motor City Blight Busters from any liability or claim that guardian and minor may have against Motor City Blight Busters with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation on the Motor City Blight Busters worksite. It is also understood that Motor City Blight 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.

The guardian and minor understands that we expressly waive any such claim for compensation or liability on the part of Motor City Blight Busters beyond what may be offered freely by the representative of Motor City Blight Busters in the event of such injury or medical expense.

3. Medical Treatment.

The guardian and minor hereby release and forever discharge Motor City Blight 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 the minors time with Motor City Blight Busters.

4. Assumption of Risk.

The guardian understands that the minors time with Motor City Blight Busters t may include activities that may be hazardous to them including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from work sites. We recognize and understand that the minor's time with Motor City Blight Busters may, in some situations, involve inherently dangerous activities. As the guardian for the said minor I hereby expressly assume the risk of injury or harm in these activities and release habitat from all liability for injury, illness, death or property damage resulting from the activities of the minors time at Motor City Blight Busters.

5. Photographic Release

As the guardian of said minor I grant and convey unto Motor City Blight Busters all right, title, and interest in all photographic images and video or audio recordings made by Motor City Blight Busters during the minor's work with Motor City Blight Busters.

6. Other.

As the volunteer I expressly agree that this Release 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 Release 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 Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here.

Name of Legal Guardian _____
Name of dependent/minor _____
Signature of Legal Guardian _____
Signature of Minor _____
Address/Phone number of Legal Guardian
Street _____
City _____
Zip Code _____, Phone _____ Date _____
Emergency Contact Name _____
Phone number _____