



VOLUNTEER SERVICE AGREEMENT RELEASE AND WAIVER OF LIABILITY

Please fill out complete information except hours worked.

Name of Event: _____ **Date:** _____ **Location:** _____
Volunteer Contact: _____ **Phone:** _____ **Email:** _____
USFS Contact: _____ **Phone:** _____ **Email:** _____

RELEASE, HEALTH & SAFETY: In consideration of receiving permission from Save Georgia's Hemlocks, Inc. (SGH) and the U. S. Forest Service (USFS) to participate in the above activity, and having full confidence that every precaution will be taken to ensure the safety and well being of all participants, I agree to participate and do hereby release, hold harmless, and forever discharge these organizations, together with their successors, assigns, and all of their officers, directors, leaders, co-leaders and members, from any and all liability, claims, demands, actions, or cause of actions, whatsoever which arise or may hereafter arise out of or related to any injury, illness, loss or damage, including death, relating to participation in the said activity. I warrant that my health and physical condition are sufficiently good to allow me to perform this assignment without danger to myself or others, and that I have received adequate instruction concerning the event activities and safety.

EMERGENCY TREATMENT: In the event of an emergency, the event leaders have my permission to obtain medical treatment for me at the nearest hospital or doctor, at my expense, and I hereby release and forever discharge the above named organizations 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 activity.

PHOTOGRAPHIC PERMISSION: In addition, I hereby grant to the above named organizations all rights, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by them during my volunteer activities with SGH, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

COVID DISCLAIMER: I am aware that my participation in this project may expose me to Covid 19, and I agree that I am voluntarily assuming this risk.

Print Name: _____ **E-mail:** _____
Home Phone: _____ **Mailing Address:** _____
Cell Phone: _____ **Emergency Contact Name & Phone:** _____
Signature: _____ **D.O.B:** _____ **R-T Travel Time:** _____ **Hrs Worked:** _____

Print Name: _____ **E-mail:** _____
Home Phone: _____ **Mailing Address:** _____
Cell Phone: _____ **Emergency Contact Name & Phone:** _____
Signature: _____ **D.O.B:** _____ **R-T Travel Time:** _____ **Hrs Worked:** _____

Print Name: _____ **E-mail:** _____
Home Phone: _____ **Mailing Address:** _____
Cell Phone: _____ **Emergency Contact Name & Phone:** _____
Signature: _____ **D.O.B:** _____ **R-T Travel Time:** _____ **Hrs Worked:** _____

Print Name: _____ **E-mail:** _____
Home Phone: _____ **Mailing Address:** _____
Cell Phone: _____ **Emergency Contact Name & Phone:** _____
Signature: _____ **D.O.B:** _____ **R-T Travel Time:** _____ **Hrs Worked:** _____