As a consideration of being permitted to volunteer for The Dawes Arboretum, I hereby agree to the following:

1. I am duly aware of the risks and hazards, which may arise through participation in said activity, and assume any expenses I may incur in the event of an accident, illness or other incapacity.

2. In consideration of being granted the opportunity to participate in said activity I, for myself, my executors, administrators, and assigns to hereby release, hold harmless, and forever discharge The Dawes Arboretum, its Board of Trustees, administrators, respective entities, employees, servants, agents, assigns, and officers who arranged, advised or supervised the scheduling or any other function of this activity from all claims of damages, demands, and any actions whatsoever, include those based on negligence in any manner arising out of my participation in this activity.

3. I consent to receive medical treatment that may be deemed advisable as a result of any injuries I receive while performing volunteer activities.

4. I understand that I am serving as a volunteer rather than as a Dawes Arboretum employee, thus I am not eligible for worker's compensation benefits under The Dawes Arboretum insurance policy.

5. In carrying out my volunteer duties, I will comply with all of the rules and regulations of The Dawes Arboretum.

6. Any photographs and video footage taken of me by The Dawes Arboretum, as well as any written documents I submit, may be printed, reproduced and published in any manner without any further consent by me or my family and without any compensation to me.

7. PARENT/LEGAL GUARDIAN WAIVER FOR MINORS: The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

8. I certify that I have read this document, understand its contents in their entirety and have executed this document below without reservation or duress.

___________________________________________  ____________________________________________
Printed name of Volunteer                                                                 Printed name of Parent/Guardian (if applicable)

__________________________________________  ____________________________
Signature of Participant or Parent/Guardian                                           Date

In case of emergency, contact: Name ___________________________________________ Daytime phone __________________________