VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for the Arlington Outdoor Education Association, Inc. (AOEA) as a volunteer on _____on/from _____
   [project/activity] [timeframe of project]
2. As a volunteer, I understand that I control the dates and times when I do the work and that the Arlington Outdoor Education Association, Inc. (AOEA) is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of standing, outdoor exposure, general landscaping activities, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for Arlington Outdoor Education Association, Inc. (AOEA), I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue AOEA, Inc. or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of AOEA, Inc. as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE AOEA, Inc. AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY Arlington Outdoor Education Association's WORKERS' COMPENSATION PROGRAM. I authorize AOEA, Inc. to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that the materials and tools provided by Arlington Outdoor Education Association, Inc. are and remain the property of AOEA, Inc., and I agree to return these tools and any remaining materials to AOEA, Inc. at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY (cont.)

Date	Volunteer Signature
Mobile Phone	Printed Name Email
Date	AOEA Inc. Representative Signature
	Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:
This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date	Parent or Guardian Signature
	Printed Name