

**UNION COUNTY– MT. EMILY RECREATION AREA (MERA)
RELEASE OF LIABILITY for VOLUNTEERS**

Name of Volunteer: _____

I hereby release and agree not to hold liable Union County, its officers, agents, and employees from any and all claims of any kind arising from my service as a volunteer and due to the ordinary negligence of the County. I further agree to the following:

1. I acknowledge that I am a volunteer for Union County and have no expectations of compensation. I understand that Union County may, at any time, for whatever reason, decide to make changes in my assignment or terminate my relationship with the County. I understand that I may decide to sever my volunteer relationship with the County at any time, and notice of such a decision should be communicated as soon as possible to my project supervisor or the MERA Coordinator.
2. I understand and agree that while participating in this program, I am not an agent, servant, or employee of Union County and therefore will not be covered by Union County for any health, workers compensation, and death or disability benefits.
3. I agree to release and hold harmless Union County from claims of any kind that may arise out of my performance as a volunteer. I waive any right of action against Union County in consideration of being allowed to serve as a volunteer.
4. I understand and agree to abide by the policies and procedures of Union County relating to the performance of duties and responsibilities assigned to me.
5. I agree that any information I may gain through participation in Union County activities will be used by me only for my personal educational purposes, except to the extent otherwise required by law.
6. I understand and agree that, in the course of my participation as a volunteer with Union County, I may have access to keys and combinations that are confidential because of security concerns. I understand and acknowledge that I will not disclose this information or any other security-related information to any person without prior approval of my supervisor. I understand that my volunteer status will be revoked if I make improper disclosure of this or any other security-related information.
7. I understand and grant Union County, its successors, assigns, and licensees, the perpetual right to photograph, film, use and reproduce, as the County desires, photographs and videotapes taken of myself and/or my children during any volunteer activity. I understand that I will not receive any compensation for my participation or my children's participation in the photographs and videotapes and that Union County shall own the right, title, and interest to the photographs and videotapes, including the portions that contain the images and voices of myself and/or children.

I certify that I have read and understood the above agreement as the terms under which I will be allowed to participate as a volunteer with Union County. This Release of Liability form is effective for one year following signature, unless revoked in writing.

Volunteer Printed Name

Supervisor Printed Name

Volunteer Signature

Supervisor Signature

Date

Date

Signature of Parent/Legal Guardian required if Volunteer is less than 18 years of age