



GROUNDWORK ELIZABETH VOLUNTEER LIABILITY WAIVER

ALL VOLUNTEERS MUST INITIAL BELOW

I acknowledge that I have decided to volunteer with Groundwork Elizabeth. I acknowledge on my behalf that no compensation from Groundwork Elizabeth will be received for any volunteer services. I acknowledge that Groundwork Elizabeth or I may end volunteer services at any time and for any reason.

Volunteers will be provided with training to safely execute the activities requested of them. I agree on behalf of myself that I have been specifically informed of the risks associated with my service and will abide by safety standards, as trained by a Groundwork Elizabeth staff member. If I feel discomfort, pain, or physically unwell in the course of performing volunteer service, or if I feel uncomfortable about performing any volunteer function, I agree that I will notify the supervisor immediately.

In exchange for the opportunity to participate in the activities of Groundwork Elizabeth, I (and my family, heirs, and personal representatives) willingly and knowingly release Groundwork Elizabeth (and its officers, owners, employees, and agents) from any and all liability for any personal injury or damage relating to my participation. I (and my family, heirs, and personal representatives) agree to assume all of the risks and responsibilities of my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation.

I further consent to the unrestricted use by Groundwork Elizabeth and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me. Any such items will only be used for non-commercial promotional purposes and no names or identifiers will be used.

I hereby acknowledge that I have been given a reasonable opportunity to read the foregoing waiver and release of claims, and that I have read and fully understand its provisions.

Volunteer Initials: _____

VOLUNTEER SAFETY

PROTECT YOURSELF FROM THE SUN, INSECTS AND SCRATCHES

- ✓ Long pants/sleeves and sturdy shoes. No sandals or flip flops!
- ✓ Wear a wide-brimmed hat or baseball cap to protect yourself from the sun, as well as sunscreen/sunblock.

PROTECTING YOURSELF FROM THE HEAT

- ✓ Light, layered clothing will help you adjust from a cold, foggy morning to a warm, sunny afternoon.
- ✓ Carry your water bottle, and use it often! Frequently drink about 1 cup every 15 to 20 minutes.
- ✓ Know the symptoms of heat exhaustion and heat stroke. If you notice that you are feeling unwell or notice that one of your co-workers seems unwell, go immediately to a shaded area and inform your supervisor.

SAFETY PROTOCOLS FOR HAND TOOLS

- ✓ When using tools, practice skillful methods, and use the best tool for the job — it will always save time and prevent injury to you and others.
- ✓ Do not use damaged or defective tools.
- ✓ Do not leave tools on the field/land/property unattended; always return them to their proper storage place.
- ✓ Do not raise tools above your waist, and carry all tools metal side down.

FIRST AID AND MEDICAL EMERGENCIES

- ✓ If you are hurt, feel sick or are in any kind of physical distress:
 1. If you are able, immediately inform a Groundwork Elizabeth staff member.
 2. If you are unable to physically reach a staff member, shout “May Day.”
- ✓ First-Aid Kits are available from Groundwork staff.

Volunteer Initials: _____



BEE ALLERGY – EPINEPHRINE AUTO-INJECTOR WAIVER
GROUNDWORK ELIZABETH BEE ALLERGY POLICY AND PROTOCOL

- ✓ There are beehives at Elizabeth MicroFarm/Elmora Library Community Garden. It is mandatory that any person with a bee allergy carry their Epinephrine Auto-Injector (also known as an “Epi Pen”) with them at all times and sign this release form allowing trained Groundwork Elizabeth staff to administer the Epinephrine Auto-Injector, should they need assistance.
- ✓ Any person with bee allergies who does not comply with the above stated policy will NOT be permitted on the Elmora Community Garden or Groundwork Elizabeth sites.

Accordingly, I hereby agree as follows:
I acknowledge (check one):

- I do NOT have a bee allergy
- I DO have a bee allergy

I have been informed of Groundwork Elizabeth’s related policies and procedures, including:

- I agree to inform Groundwork Elizabeth staff of my bee allergy. I additionally agree that while on the Elizabeth MicroFarm/Elmora Library Community Garden site or other Groundwork Elizabeth site, I will carry at all times my Epinephrine Auto-Injector.
- I agree to allow trained Groundwork Elizabeth staff members to administer my Epinephrine Auto-Injector if I am unable to do so myself.

Volunteer Initials: _____

By signing below, I agree that I have read, understood and agree to adhere to all of the policies and procedures outlined in the Groundwork Elizabeth sites Volunteer Application.

Volunteer Name (Please Print): _____ Date: _____

Volunteer Signature: Date: _____ Date: _____