



Volunteer Authorization Form

This form must be completed and provided to the Earthplace Volunteer Coordinator or Earthplace Project/Event Supervisor prior to volunteer work happening on Earthplace Inc. property.

Volunteer Name: _____ D.O.B. _____

Address: _____

Phone: _____ Cell: _____ E-Mail _____

Emergency Contact:

Name: _____ Phone: _____ Cell: _____

Relationship: _____

Doctor: _____ Phone: _____

If volunteer is under age eighteen, authorization must be provided by parent or guardian:

Parent/ Guardian: _____ Date: _____

Print Name Here: _____

Notes/Other Important Information: _____

Important Notice:

1. Volunteer may only perform activities on Earthplace, Inc. property at the direction of an Earthplace Supervisor.
2. Earthplace, Inc. is not responsible in any way for volunteers' tools
3. Employers authorizing their employees to volunteer for Earthplace, Inc. in their roles as employees of the employer are required to provide Earthplace, Inc. with a certificate of insurance evidencing Workers Compensation coverage as required by state law, and containing a waiver of subrogation.
4. All volunteers shall adhere to all rules and instruction of Earthplace, Inc., including without limitation all health and safety rules and instructions.

I _____, have read and understand the above and know the risks associated with participating in volunteer activities at Earthplace, Inc. and with such understanding, I agree to hold harmless and release from liability Earthplace, Inc. and its employees from any and all claims, damages, and costs including, but not limited to, negligence claims for property damage, bodily injury, sickness, disease, or death arising out of the participant's participation as an Earthplace Volunteer. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Volunteer Signature: _____ Date: _____

Media Release

I grant permission to Earthplace, and its employees to take photographs and video of me and their property, and to record statements made by me. I agree that such materials may be used with or without my name for any lawful purpose, including publicity, advertising, and web content. If under 18, please have parent or guardian sign below.

Participant's Name (printed) _____ Parent/ Guardian (if under 18): _____

Participant's Signature _____ Parent/ Guardian (if under 18): _____ Date _____