



## VOLUNTEER APPLICATION

*The Algoma Area Chamber of Commerce may conduct a background check on any potential volunteer*

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Occupation: \_\_\_\_\_ Birthday: (Mth) \_\_\_\_\_ (Day) \_\_\_\_\_

Emergency Contact: Name & Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Is this number Home/Cell/Work

I am available to volunteer:

Day	AM	PM
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



## Release and Waiver of Liability

*Please read carefully.*

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of the Algoma Area Chamber of Commerce/Visitor Center, a nonprofit corporation, its directors, officers, employees and agents (collectively "Chamber"). The Volunteer desires to work as a volunteer for the Chamber and engage in the activities related to being a volunteer.

**The Volunteer hereby freely, voluntarily, and without duress executed this Release under the following terms:**

**Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless the Chamber and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the Chamber. Volunteer understands and acknowledges that this Release discharges the Chamber from any liability or claim that the Volunteer may have against Chamber with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's Activities with the Chamber whether caused by the negligence of the Chamber or its officers, directors, employees or agents or otherwise. Volunteer also understands that the Chamber does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer does hereby release and forever discharge the Chamber from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the Chamber.

**Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the Chamber from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** The Volunteer understands that, the Chamber does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Photographic Release.** Volunteer does hereby grant and convey unto the Chamber all right, title and interest in any and all photographic images and video or audio recordings made by the Chamber during the Volunteer's Activities with the Chamber, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.**

Witness: \_\_\_\_\_

Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_