



# VOLUNTEER RELEASE & WAIVER

\*Persons less than 16 years of age are only permitted to volunteer under the supervision of a responsible adult.\*

**Liability Release.** To be read and understood by all persons intending to do volunteer work for Camp Albrecht Acres. Volunteer does hereby release and forever discharge and hold harmless Camp Albrecht Acres from all liability claims and demands which arise from volunteer's work for our organization, whether on Albrecht Acres' grounds or other such volunteer work. The volunteer assumes the risk of injury or harm in the activities and releases Camp Albrecht Acres from all liability for injury, illness, death or property damage resulting from the activities.

**Discrimination Policy.** Camp Albrecht Acres prohibits any action or conduct which may discriminate against or harass other employees/volunteers, harass any Camp affiliated family or Camper. Camp Albrecht Acres does not tolerate any actions, words, jokes, or comments based on an individual's sex, sexual orientation, race, ethnic background, religion, physical condition or other legally protected characteristic. Any actions, therefore, which demean or are hurtful to people of a certain sex, sexual orientation, race, ethnic background, religion, physical condition or other legally protected characteristics are prohibited. Volunteers exhibiting this behavior may be asked to end their volunteer relationship with Camp Albrecht Acres. \*It is the policy of Camp Albrecht Acres to check all volunteer names against the national sex offender registry during the camp season. By signing below, you hereby give Camp Albrecht Acres the permission to perform the above-named check.

**Medical Treatment.** I hereby consent to the administration of first aid and other medical treatment in the event of an injury and agree to pay the costs of any such medical expenses. I hereby release and forever discharge Camp Albrecht Acres and its staff from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my activities at Camp Albrecht Acres.

**Assumption of Risk.** I understand that some of the activities in my volunteer services may be hazardous. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Camp Albrecht Acres and its affiliated members from all liability, illness, death or property damage resulting from the activities.

**Insurance.** I understand that I will not be covered by any medical, health, accident, disability or other insurance coverage provided by Camp Albrecht Acres or its staff and that I will not be eligible for any workers compensation benefits.

**Media Release.** I hereby consent to the unrestricted use by Camp Albrecht Acres and/or persons authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of me.

**Other.** I understand that I will not be paid of my services. In all activities, as a volunteer, I understand that I share in the responsibility for my own safety and for the safety of the group.

I hereby state that I have read this agreement carefully before signing and I understand what it means and what I am agreeing to by signing.

Signed on \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Volunteer or Delegation Group Name

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Contact Phone

**Camp Albrecht Acres**

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