



Brushwood Center at Ryerson Woods
21850 N. Riverwoods Rd.
Riverwoods, IL 60015
224.633.2424
info@brushwoodcenter.org

Volunteer Information Sheet

Date ____/____/____

Contact Information

Name: _____

Age: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Volunteer Waiver

I, the above listed Volunteer, desire to work as a volunteer for Brushwood Center and engage in the activities related to being a volunteer for a program or work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Organization 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 my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization 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, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time with Brushwood Center may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in

these activities and release the Organization from all liability for injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Illinois in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Waiver 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 enforceable.

I understand that Brushwood Center reserves the right to run a background check on its volunteers, especially those who will be working with children.

Volunteer's Signature

Print Volunteer's Name

Parent or Legal Guardian Signature (if volunteer is under the age of 18)

In case of emergency, please contact:

Name _____

Relation _____

Address _____

Phone _____