VOLUNTEER GROUP WORKDAY WAIVER and LEADER SIGN-IN

I am the representative of this group and am responsible for making sure that all volunteers within the group understand their role as a volunteer as noted below and

- all group members have signed either a waiver or consent form with our organization or
- all are employees of our company and are insured through our company.

VOLUNTEER ROLE – We are donating our time for this volunteer role and understand that in this role, we are not employees of the Forest Preserves of Cook County (the "Preserves") and will not receive compensation for this donated time.
VOLUNTEER DUTIES – We will follow all the rules and regulations of the Preserves and will follow all directions and instructions given to us by Preserves staff and/or certified volunteer leaders.
LIMITATION OF EXTENT OF DUTIES – We are not authorized to enforce the rules and regulations of the Preserves, but will notify Preserves staff when violations of rules and regulations are observed.
CONDUCT – We will conduct ourselves in a professional manner and present a positive image of the Preserves. This includes being respectful and helpful to other Preserves visitors, other volunteers and Preserves staff.
MEDIA CONTACT – We understand that we do not represent the Preserves in an official capacity and will not write or speak on behalf of the Preserves.
VOLUNTEER AT WILL – We understand that our participation in this volunteer program is subject to the above statements and to all codes of conduct of the Preserves. Failure to follow directions and instructions or violation of any of the rules, regulations, policies or codes of conduct can result in discipline or immediate dismissal from the program.
LIABILITY WAIVER - We understand that there are certain risks of injury in any position, particularly in outdoor programs or activities. We will make reasonable efforts to ensure our own individual safety and the safety of other Preserves visitors, other volunteers and Preserves staff. Any damage or injury to third parties due to our own acts is our individual responsibility and liability insurance for such damage or injury is our own responsibility. This includes transportation and travel to and from the Preserves. The undersigned releases and discharges the Forest Preserves of Cook County and its Commissioners, officers, employees, and other volunteers from any claims which the undersigned or members of the group may have against them arising in connection with this volunteer position.

As the group leader, I have read and agree to the Volunteer Waiver on behalf of our group. Additionally, if any of the group is under 18, I have obtained signed parental permission forms.

_____	_____	_____
Printed Name	Signature	E-Mail address (optional – to receive District newsletter and volunteer information)
_____	_____	_____
Company or Organization Name	Address	City, State, Zip

PHOTO RELEASE – (Optional) I have obtained permission either verbally (for 18 and over) or in writing (under 18) for photo release on behalf of the group. I grant and convey to the Preserves all rights, title and interest in any and all photographic images and video or audio recordings made by or on behalf of the Preserves during my groups' volunteer work for the Preserves, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further agree that the Preserves may photograph and/or videotape our group while we are engaged in volunteer work at the Preserves and that the Preserves retain the rights to use these visual images/recordings in any manner without compensation to my group. I have checked with my group members and they agree to these terms. **Photo Release □yes □no Initials_____.**

SITE:_____ DATE: ____/____/_____ *9.25.13 edition date*