



**Volunteer Project:** Howard Finn Park Community Garden Volunteer Event  
7747 Foothill Blvd., Sunland, CA 91402

**Event Date:** Saturday, April 16, 2016

**Name of Volunteer:** \_\_\_\_\_ **Company:** \_\_\_\_\_  
(Please print)

**If attending with an employee, Employee's Name:** \_\_\_\_\_  
(Please print)

### VOLUNTEER AGREEMENT

I am voluntarily applying to participate in the Volunteer Project provided and organized by Recology. I understand that I may end my participation in the Volunteer Project at any time. In exchange for the opportunity to participate in the Volunteer Project, I agree to the following terms:

**Volunteer Status.** I understand that as a volunteer, I am not acting as an employee of Recology, and I will not receive compensation of any form from Recology for my participation in the Volunteer Project. I further understand that my participation in the Volunteer Project is entirely voluntary, and that Recology does not require my participation. My participation, or withdrawal from participation, will not positively or negatively effect the terms and conditions of my employment with Recology. I understand that Recology's property insurance, workers' compensation insurance, and liability insurance are not applicable to my volunteer activities.

**Use of Images and Statements.** I consent to and authorize the use and reproduction by Recology and its related companies of all photographs and images of me or quotes provided by me in connection with my participation in the Volunteer Project for use without any compensation to me and give Recology the right to exhibit the photographs, images, quotes, or copies thereof, on the Intranet, Extranet, Internet, or in any other medium including publications, or to any of its assignees provided such is related to Recology's business.

**Assumption of Risk and Release.** I understand that I am solely responsible for determining if I and/or my minor child are physically fit and/or adequately skilled to perform the volunteer activities. I am aware that, in participating in the Volunteer Project, I and/or my minor child may be exposed to injury or damage to my property as a result of my/our activities, the activities of other volunteers, the materials or tools used, or the conditions under which my volunteer services are performed. I understand that my safety is my own responsibility, and that I am free to refuse to do any activity on the Volunteer Project that I feel poses a hazard to me, my property, or anyone else and their property. I further understand that if I bring my minor child to an event or worksite related to the Volunteer Project, the safety of my minor child is solely my responsibility.

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child or I may sustain as a result of participation in the Volunteer Project (“Claims”). I further agree to waive and relinquish all Claims, both known and unknown, I may have (or accrue) as a result of participation in the Volunteer Project against Recology, or any of its affiliated organizations or subsidiaries, or any of their respective officials, officers, employees, agents, servants, contractors, subcontractors, directors, shareholders, and/or other volunteers, collectively or individually, even if caused in whole or in part by the action, inaction or negligence of those parties. Finally, I agree to waive and relinquish all Claims, both known and unknown, my minor child/ward may have (or accrue) as a result of his or her participation in the Volunteer Project against Recology, or any of its affiliated organizations or subsidiaries, or any of their respective officials, officers, employees, agents, servants, contractors, subcontractors, directors, shareholders, and/or other volunteers, collectively or individually, even if caused in whole or in part by the action, inaction or negligence of those parties.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS, AND SIGN IT OF MY OWN FREE WILL.**

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**Name of Volunteer (please print)**

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**Signature of Volunteer**

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**Date**

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**Signature of Parent / Legal Guardian if Volunteer is between 14 and 18 years of age. (A completed and signed “Medical Treatment Authorization” form must be attached)**

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**Print Name of Minor Volunteer**

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