

Volunteer Application for the Giving Fields

Date: _____

The Giving Fields
101 Anderson Ln.
Melbourne, KY 41059

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Email Address: _____

Emergency contact name: _____ Phone Number: _____

By signing below, I acknowledge that all the information on my application is correct and that I have reviewed and agree to abide by the guidelines of The Giving Fields and all Waiver and Release of Liability terms listed on this form.

Volunteer Signature: _____

For Minor Volunteers please complete the following:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

WAIVER & RELEASE OF LIABILITY

The Giving Fields accepts volunteer placements through various resources. Some assignments involve strenuous and/or physical labor including, without limitation, lifting and bending. I acknowledge my receipt of permission to volunteer for The Giving Fields. I also acknowledge my understanding that my service as a volunteer on or about The Giving Field's properties or as a volunteer at any associated event may expose me to various risks of injury or illness. In consideration of the permission and privilege allowed to me to serve as a volunteer, I agree and understand that I freely assume all risks, hazards and losses which may befall me in connection with my exercise of the permission and privilege allowed to me by The Giving Fields, and I agree not to hold The Giving Fields, the Bray family, the Farm Manager, the Volunteer Coordinator, their agents, employees or volunteers liable for risk, hazard, injury, illness, property damage and/or loss. I understand that this Waiver and Release of Liability extends to and applies to any personal injuries, injurious results, damage or losses which I may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for The Giving Fields. I promise to myself, my estate, executor, heirs and assigns not to sue or initiate any claim procedure against The Giving Fields, its agents, employees, volunteers, assigns, or successors with respect to any risk, hazard, loss, injury, illness or property damage I may experience or sustain arising directly or indirectly out of my volunteer activities with or at The Giving Fields.

PERMISSION TO USE PHOTOGRAPH

_____ I give my permission to The Giving Fields to use my photograph and name in publication, website, video, brochure or any any promotional material produced by them or other press release distributed to the media.

_____ I do not give my permission to The Giving Fields to use my photograph