## MACOMB COMMUNITY ACTION

## **VOLUNTEER / INTERN PARTICIPANT AGREEMENT**

Please check appropriate box VOLUNTEER ☐ INTERN ☐ DATE: NAME: ADDRESS: CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_ PHONE:\_\_\_\_ VOLUNTARY ASSIGNMENT:\_\_\_\_\_ IS THIS INTENDED TO FULFILL COMMUNITY SERVICE HOURS REQUIRED BY THE COURTS? (Y) or (N) Please initial each statement and sign below: In consideration of accepting the above listed voluntary assignment with Macomb Community Action, I do hereby release the County of Macomb and it's Officials. Agents and Employees of the County from liability for any personal injury, bodily injury and/or damage to property which I may suffer while participating in the above listed voluntary assignment. This includes all risks that are connected with this activity whether foreseen or unforeseen. \_I agree to accept all medical expenses for any and all medical services of which I may receive as the result of injury to myself while participating in the above listed voluntary assignment. It is further mutually agreed and understood that the above listed voluntary assignment is not intended to be of a permanent nature, but rather for a voluntary purpose for a limited period of time. By signing this agreement I fully understand and agree that I am not entitled to nor shall I receive any benefits to which County employees are entitled, including but not limited to, overtime, retirement benefits, worker's compensation and injury leave benefits. \_I am of lawful age and legally competent to sign this agreement. I understand the terms of this agreement and sign this document as my own free act. \_I hereby give the County of Macomb the absolute right and permission to copyright and/or publish or use photographic portraits or pictures of me, and statements by me, or in which I may be included in whole or part, in conjunction with my own or a fictitious name or reproductions thereof, made through any media or art, advertising, trade or any other lawful, non-profit purpose whatsoever. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used in conjunction therewith, or the use to which it may be applied. VOLUNTEER'S SIGNATURE VOLUNTEER'S NAME PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE

S:\Divisions\Food program\Ann Wagner\Email Attachments\Volunteer & Photo Release.doc

STAFF SIGNATURE

STAFF NAME

