MREA Volunteers

This is an annual form where you agree to release the Midwest Renewable Energy Association (MREA) of all liability while working with MREA. This form is in effect from September (beginning with the AmeriCorps Volunteer Coordinator position) until September (ending with the AmeriCorps volunteer coordinator position).

This Release and Waiver of Liability (the “Release”) recognized and signed on

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<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Volunteer Name</th>
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in favor of the Midwest Renewable Energy Association, their directors, officers, and employees (collectively, “MREA”). The Volunteer desires to work as a volunteer for MREA and engages in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include construction and rehabilitating residential buildings, working in the MREA offices, working in the Marketplace, participating in special events and fundraisers. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver

Volunteer does hereby release and forever discharge and hold harmless MREA and it successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or inequity, which arise or may hereafter arise from Volunteer’s Activities with MREA. Volunteer understands that this Release discharges MREA from any liability or claim that the Volunteer may have against MREA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s Activities with MREA, whether causes by the negligence of MREA or its officers, directors, employees, or otherwise. Volunteer also understands that MREA 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 or illness.

Medical Treatment

Volunteer does hereby release and forever discharge MREA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with MREA.

Assumption of the Risk

The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the event sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases MREA from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance

Volunteer understands that they are covered in an accident under the MREA’s General Liability Insurance. Volunteer understands that he/she is not however covered by the MREA’s Workers Compensation policy.

Photographic Release

Volunteer does hereby grant and convey unto MREA all rights, title, and interest in any and all photographic images and video or audio recordings made by MREA during the Volunteer’s Activities with MREA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Confidentiality Agreement

It is understood and agreed that the MREA may provide certain information that is and must be kept confidential. To ensure the protection of such information and to preserve any confidentiality necessary it is agreed that:

1. The Confidential Information to be disclosed can be described as and includes:
   - Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, etc., regardless of whether such information is designated as “Confidential Information” at the time of its disclosure.
2. The Volunteer agrees not to disclose the confidential information obtained from the MREA to anyone unless required to do so by law and to protect the privacy and security of confidential material at all times, both during and after terms of service with MREA.

**OVER**

**Other**

Volunteer expressly agrees that this Release in intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin or other state that the volunteer volunteers in on behalf of MREA, and that this Release shall be governed by and interpreted in accordance with the laws of that State. Volunteer agrees that in the event that any clause or provision of this Release 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 be enforceable.

**Volunteer Contact Information**

**Volunteer**

Printed Name: ____________________________________________

First Middle Initial Last

Address: __________________________________________________

Street City State Zip Code

Phone (Cell): __________________________ Phone (Home): __________________________

Email: ____________________________________________________

**How many hours would you like to volunteer?**

__________________________________________________________

**Are you a Hardcore Volunteer (HCV) volunteer 12+ hours?**

YES NO

(HCV receive a free t-shirt)

**Group/Organization if Applicable:** ___________________________________________

**Signed:** __________________________________________ Date: ______________

Name, First and Last

***If the volunteer is under the age of 18 a parent or legal guardian must sign.***

Parent Signature: __________________________________________________________________

**Volunteer Emergency Contact Information**

**Emergency Contact 1**

Printed Name: ____________________________________________

First Middle Initial Last

Address: __________________________________________________

Street City State Zip Code

Phone (Cell): __________________________ Phone (Home): __________________________

Relationship: ______________________________________________

Volunteer
(OPTIONAL) Emergency Contact 2

Printed Name: ____________________________________________
First       Middle Initial       Last

Address: __________________________________________________
Street      City          State       Zip Code

Phone (Cell): ___________________________   Phone (Home): ___________________________

Relationship: ____________________________________________