

VOLUNTEER CONTACT FORM

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

I am interested in volunteering for the following types of activities:

- ☐ **River Spring/Fall Clean-Up**
Plan and organize river/creek clean-up, make proper contacts as necessary, get participants, advise the Board
- ☐ **Main Entrance Decorating**
Plant flowers and water regularly
- ☐ **Street Tree Monitoring**
Monitor houses for when and if street tree replacement or trimming is needed, report violations to the Board
- ☐ **Common Areas Monitoring**
Monitor common areas to ensure they are being maintained by vendor and report any dead landscaping in common areas to the Board
- ☐ **Dead Tree Monitoring in Common Areas**
Notify the Board & mark dead trees in common areas
- ☐ **Christmas Light Installation**
Install and remove Christmas lights at main entrance and the boulevard, store lights, advise the Board when new lights are needed
- ☐ **Garage Sale**
Plan and organize sub-wide garage sale, schedule date and advise the Board
- ☐ **Road Patrol**
Advise the Board of potholes or other road damage in the sub
- ☐ **Canton Ordinance Officer Contact & Follow-Up**
Contact Ordinance Officer for parking on grass, uncut grass, exterior maintenance issues

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- ☐ **Neighborhood Know-How Meetings**
Attend Neighborhood Know-How meetings & report back to the Board of important issues raised in the meeting
- ☐ **Monitor C&R Violations**
Apprise Board of possible violations of C&Rs so letters can be sent to homeowner(s)
- ☐ **Road Engineer**
Help the Board when responding to Canton and Wayne County Engineers regarding our roads
- ☐ Other: Follow-up with Wayne County for a passing lane on Beck
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Provide additional information to the Board regarding your experience in conducting the activity you have chosen:

Signature

Date

*As a volunteer, you agree to sign the attached waiver and release form and accept any risk involved in volunteering.

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Please read carefully! This is a legal document that affects your legal rights!

In return for participating in volunteer activities and all related activities, including any activities incidental to such participation, the undersigned volunteer or Parent/Legal Guardian of volunteer if volunteer is under age 18, do freely, voluntarily, and without duress, execute this Release and Waiver and acknowledge the following terms:

1. Waiver and Release. I hereby release, waive, discharge and covenant not to sue the RiverWoods Homeowners Association, its Board members or officers (the HOA), from any and all liability to me, for all losses, injury, damage, and any claims or demands thereto, on account of injury to person or property in reference to the activities as a volunteer. I hereby covenant and agree to indemnify and save harmless, the HOA from any and all claims and demands, for all loss, injury, or damage that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities as a volunteer. I also agree not to sue the HOA from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, etc. arising as a result of my participation as a volunteer wherever, whenever, or however the same may occur.

2. Medical treatment. I release and discharge the HOA from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me. I understand that I am not be entitled to workers' compensation. I acknowledge that the HOA has not arranged and does not carry any insurance of any kind for my benefit or that of volunteer (if volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors, and assigns.

3. Assumption of risk. I understand that volunteering for the HOA may involve certain risks and I assume and accept all risks in participating in those activities I choose to do and release the HOA from all liability for injury, illness, or property damage occurring as a volunteer for the HOA. I understand and agree that the HOA is not responsible for any injury or property damage arising out of the volunteer activities.

4. Insurance. The HOA does not have responsibility for providing any health, medical or disability insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE.

10. Other. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and that this Release and Waiver is governed by and will be interpreted according to the laws of the State of Michigan. I understand that should any part of this Release and Waiver be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

VOLUNTEER

Signature

Name (please print)

Date