



**OLMSTED
PARKS
CONSERVANCY**
Bringing extraordinary to your parks.

**Olmsted Parks Conservancy/Waiver of Liability and Hold Harmless/
Indemnification Clause/Photo Release**

I, _____, have volunteered to assist Louisville Olmsted Parks Conservancy (Conservancy), a nonprofit corporation. I am volunteering my time and services to the Conservancy. I understand that my activities as a volunteer include strenuous manual labor and the risk of physical injury or death while using hand tools

or power tools and equipment in parks or along parkways. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all risks associated with or arising from my volunteer activities. Because the assertion of claims against the Conservancy for personal injury occurring during my volunteer service would be antithetical to my support of the Conservancy and its goals and would reduce the ability of Conservancy to accomplish its charitable purposes, I grant this release.

I agree to abide by all rules and regulations of the Conservancy regarding safety and use of all equipment.

On my behalf, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release the Conservancy, its officers, directors, employees and agents, from any and all costs, claims, losses, liabilities or damages arising from or in any way related to my service as a volunteer and agree to indemnify and hold them harmless from such costs, claims, losses, liabilities or damages arising from my service as a volunteer. I intend this release and indemnification, regardless of whether claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery. For myself, my estate and personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor institute any suit, action or proceeding against Conservancy, its officers, directors, employees or agents, relating to any action, incident or occurrence arising from, or in connection with, my volunteer activities.

Photo Release

Louisville Olmsted Parks Conservancy has my expressed permission to use and/or replicate photographs and video taken of me during my work and/or volunteer services, or during any public events hosted by their organization, for the purpose of publishing in newsletters, their organization’s website, as well as for fundraising, outreach, and educational materials. The Conservancy also has my expressed permission to use my name to identify my participation in work and/or volunteer services, or during any public events hosted by their organization.



Louisville Metro Government Agreement to Volunteer and Accept Workers’ Compensation Benefits

Louisville/Jefferson County Metro Government (“Metro Government”) and _____ (“Volunteer”) agree as follows regarding volunteering and acceptance of Workers’ Compensation coverage:

1) Volunteer agrees to perform volunteer services as directed by Metro Government and to follow Metro policies and procedures.

2) Metro Government agrees to provide Workers’ Compensation coverage to the Volunteer pursuant to the Kentucky Workers’ Compensation Act (KRS 342, et seq.), for any injuries sustained during any authorized volunteer services performed on behalf of Metro Government. Metro will pay for all medical expenses incurred by Volunteer for covered injuries, with no applicable deductible or co-payments by Volunteer, in exchange for receiving voluntary services.

3) Volunteer accepts the coverage of the Workers’ Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government and agrees not to seek any damages not covered by the Workers’ Compensation Act, in exchange for being provided the free coverage.

4) Volunteer agrees the Louisville Metro Government has permission to photograph or videotape him/her engaged in volunteer activity for promotional purposes.

Louisville Metro Department: Louisville Parks & Recreation Supervisor OLMSTED PARKS CONSERVANCY Today’s Date _____

Volunteer (print name) _____ Volunteer Birth Date: _____ Volunteer Age: _____

Home Mailing Address _____ City _____ State _____ Zip Code _____

Email _____ Check here to receive email notifications

Telephone _____ Emergency Contact _____ Emergency Telephone _____

Parent/Guardian Print Name (if Volunteer is under the age of 18 years) _____

Parent/Guardian Signature (if Volunteer is under the age of 18 years, his or her parent or guardian must sign here): _____

Volunteer Signature (if Volunteer over the age if 18) _____