



## MREA Volunteer Waiver

7558 Deer Rd. Custer, WI 54423

(715) 592-6595

[www.midwestrenew.org](http://www.midwestrenew.org)

\*Please fill out the back of this sheet\*

This is an annual form where you agree to release the Midwest Renewable Energy Association (MREA) of all liability while working with MREA. If you have any questions, please contact [volunteer@midwestrenew.org](mailto:volunteer@midwestrenew.org).

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

\_\_\_\_\_ by \_\_\_\_\_  
(Day, Month, Year) (Print Name) (Sign)

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 its 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 caused 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.

#### Infectious Disease

In order to reduce the spread of infectious disease as well as to respect the safety and comfort of those around me, I agree to adhere to the following guidelines to the best of my ability:

- I have familiarized myself with CDC tactics for protecting myself and others to reduce the chance of contracting and spreading and infectious disease to others.
- I understand that physical distancing, handwashing, and wearing a well-fitted mask are important aids in helping to prevent the spread of infectious diseases such as COVID-19, especially in areas where COVID-19 community levels are high (regardless of vaccination status).
- I understand that if I demonstrate infectious disease symptoms it is my responsibility to not participate in MREA in-person activities.
- I understand that if I demonstrate symptoms of infectious disease during an in-person activity, it is my responsibility to leave.
- If I contract an infectious disease and/or have been in contact with an individual associated with MREA while participating in person, I will notify MREA without releasing confidential information.

**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.

**Volunteer Contact Information****Volunteer**

Printed Name: \_\_\_\_\_

First

Middle Initial

Last

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_

Group/Organization if applicable: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

**Volunteer Emergency Contact Information****Emergency Contact**

Printed Name: \_\_\_\_\_

First

Middle Initial

Last

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_