



Constantina's Abundant Acres

(THE GARDEN OF CONSTANTINA)

29777 Telegraph Rd. Ste. 4200 Southfield, MI 48034. (248) 308-5589

Youth Volunteer Waiver & Consent Form

Thank you in advance for allowing your young person to participate in volunteer activities with us. We truly value their time, energy, and commitment to serving the community through gardening, planting, and greenhouse preparation.

As a 501(c)(3) nonprofit, we are able to certify community service hours. Volunteer hours will be submitted within three (3) days of the service date. If your school or program requires a specific link or form to be completed, please provide that information to us. Kindly allow up to three days for processing.

We look forward to working alongside your youth to grow, learn, and give back to the community together.

Volunteer Name: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name (if under 18): _____

1. Assumption of Risk

I understand that volunteer activities may include physical labor such as gardening, planting, lifting, bending, and use of hand tools, and may take place outdoors in varying weather conditions. I accept the risks involved in participating in these activities.

2. Release of Liability

In consideration of being allowed to volunteer, I hereby release and hold harmless [Your Nonprofit Name], its staff, board members, partners, and affiliates from any liability, claims, or demands arising out of participation, including injury, accident, or illness (except in cases of gross negligence or willful misconduct).

3. Medical Authorization

In the event of an emergency, I consent to medical treatment deemed necessary by emergency personnel. I assume responsibility for any costs incurred.

4. Photo/Video Release

I grant permission for photographs and videos taken during volunteer activities to be used by Constantina's Abundant Acres for promotional and educational purposes.

- ☐ Yes, I consent
- ☐ No, I do not consent

Parent/Guardian Consent (For Volunteers Under 18)

I am the parent/guardian of the above-named minor. I have read and understand this waiver and give permission for my child to participate in volunteer activities with Constantina's Abundant Acres

Volunteer signature/date

Parent/ Guardian Signature/Date

Printed Name