

MREA Volunteer and Intern Waiver

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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 a	and signed on						
			by							
Day	Month	Year		Volunteer Name						

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.

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			
Address					
Address: Street	City			State	Zip Code
Phone (Cell):		Phone (Home):			
e					
<mark>Email:</mark>					
Group/Organization if Applicable:					
Signed: Name, First and Last			_ Date:		
ivaine, First and Last					
If the volunteer is under the age of	18 a parent or lega	l guardian must sigi	n.		
Parent Signature:					
Emergency Contact 1					
Printed Name:First	Middl	e Initial	Last		
Address:					
Street	City			State	Zip Code
Phone (Cell):		Phone (Home):			
Relationship:					
(OPTIONAL) Emergency Contact 2					
Printed Name:					
First	Middl	e Initial	Last		
Address:				Ctata	7in Codo
Street	City	District (1)			Zip Code
Phone (Cell):					
Relationship:					

Infectious Disease Code of Ethics

In order to reduce the spread of infectious disease as well as to respect the safety and comfort of those around me, I acknowledge that I have read the MREA Infectious Disease Mitigation Guidelines and agree to adhere to the following guidelines to the best of my ability:

Recognitions

- I will familiarize myself with CDC tactics for protecting myself and others.
- I understand that physical distancing and handwashing are critical to preventing the spread of infectious diseases such as COVID-19.
- I understand that wearing a cloth face covering is not a defense for contracting an infectious disease but an aid in helping prevent the spread of infectious disease.
- Before use of the bathroom, I understand that my best defense against spreading infectious disease is to sanitize before use
- Before use of a shared item, I understand that my best defense against spreading infectious disease is to sanitize the item before use.
- I understand that if I demonstrate infections disease symptoms it is my responsibility to not participate in the MREA activity.
- I understand that if I demonstrate symptoms of infectious disease during the activity, it is my responsibility to leave.
- If anyone in my household is experiencing symptoms of an infectious disease, it is my responsibility to not participate in an activity.
- If I have been diagnosed or have come into contact with an individual who has been diagnosed with an infectious disease, I will wait two weeks before participating in activities, following WDHS's guidelines for self-quarantine.
- If I contract an infectious disease and/or has been in contact with an individual associated with MREA, I will notify MREA without releasing confidential information.

Etiquette

- I will practice good hand hygiene and wash my hands regularly for at least 20 seconds with soap and water or use a 60% minimum alcohol-based hand sanitizer.
- I will respect and practice physical distancing guidelines which indicate to maintain six feet of separation from other people, when possible.
- I will wear a cloth face covering while in communal areas to reduce infectious disease transmission.
- I will make every attempt to cover my cough or sneeze with a tissue and throw the tissue in the trash and wash my hands after.
- If a common area is already in use by someone, if possible, I will wait for the person to exit the area (in line with physical distancing standards) before I enter.

I have reviewed the MREA's Infectious Disease Mitigation Guidelines and agree to comply to the best of my ability.

Participant Signature	
Name (Please Print)	
Date	