

Gateway Redevelopment Group

Uniting community resources of volunteer service,
professional expertise, and financial assets
to save abandoned buildings in our neighborhood.

President
Jack Haberman
Vice President
Craig Canfield
Treasurer
David Cordes
Secretary
Marion Meginnis
At Large:
Paul Fessler
Adam Kuehl
Dennis Lopez

GRG Membership Pledge (please fill out BOTH sides)

I _____ pledge _____ hours of volunteer service in
exchange for 2017 membership in the Gateway Redevelopment Group.

Skills\type of service

Availability

Address

Telephone Number _____

Email _____

GRG
732 Gaines Street
Davenport, Iowa
52802

563 326-3290

On the Web at
grgdavenport.org

Please read liability waiver on back side and sign

The Gateway Redevelopment Group (GRG) is a not for profit 501(C)(3) organization.

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GRG Liability Waiver

- 1. Voluntary Participation.** I, _____, acknowledge that I have voluntarily agreed to participate in the Gateway Redevelopment Group Project (the "Project"), a project in which homes will be repaired/renovated or have architectural items salvaged from them by volunteers, unskilled in home repairs, renovation and salvage. I understand that as a volunteer I will not be paid for my services and that I will not be eligible for any Workers Compensation benefits. I further agree that my participation in the project may be orally terminated at any time.
- 2. Assumption of Risk.** I AM AWARE THAT IN VOLUNTARILY PARTICIPATING IN THE PROJECT, I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY AS A RESULT OF MY ACTIVITIES, THE ACTIVITIES OF OTHER VOLUNTEERS - WHO MAY NOT AT ALL TIMES ACT CAREFULLY, OR THE CONDITIONS UNDER WHICH MY VOLUNTEER SERVICES ARE PERFORMED. I HAVE KNOWLEDGE OF THE POSSIBLE RISKS, INCLUDING, BUT NOT LIMITED TO THE EXISTENCE OF HAZARDOUS MATERIALS AT THE WORKSITE, AND I KNOW AND APPRECIATE THOSE RISKS. I HAVE RECEIVED NO ASSURANCE THAT THESE ACTIVITIES WILL BE SAFE AND I ACKNOWLEDGE THE POSSIBILITY OF NEGLIGENT WRONGDOING BY ME AND BY OTHER VOLUNTEERS. WITH KNOWLEDGE OF THESE RISKS, I VOLUNTARILY UNDERTAKE TO ENCOUNTER THESE KNOWN RISKS AND I EXPRESSLY AGREE TO ASSUME ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR DAMAGE TO MY PROPERTY. I ALSO UNDERSTAND THAT ANY DAMAGE TO MY PERSONAL VEHICLE DURING MY VOLUNTEER ASSIGNMENT IS NOT COVERED BY THE PROJECT'S INSURANCE.
- 3. Release.** In consideration of the opportunity afforded me to participate in the Project, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives will not make any claim against: Gateway Redevelopment Group, its affiliated sponsors, organizations, its officers or directors, the suppliers of any materials or equipment that are used during the Project, any of the Project volunteers, or any homeowner participating in the Project, for know or unknown injury, damage, or death resulting from the negligent acts or omissions of any person, including my own, or entity, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting in my personal injury, or death or damage to my property, sustained in connection with my participation in the Project; provided, however, that the injury, death or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent.
I hereby knowingly, consciously, intelligently, and freely intend to abandon and release all unknown claims which may arise from my participation in this Project. I certify that I have read this entire Agreement, Assumption, and Release including the following on this page:
- 4. Consent.** I further freely consent to the unrestricted use by Gateway Redevelopment Group and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion picture or similar visual or auditory recording of me created in connection with the Project, and I expect and anticipate no remuneration there from.

Executed on _____, 2017.

Volunteer Signature

Volunteer Name (Please Print)