



500 Alumni Drive | Lexington, KY 40503  
(859) 257-6955  
website: <https://arboretum.ca.uky.edu>  
email: [arboretum@uky.edu](mailto:arboretum@uky.edu)

FOR OFFICE USE ONLY
_____ (last name, all caps)
_____ Date received

## 2024 EVENT or ONE-TIME ARBORETUM VOLUNTEER WAIVER AND RELEASE

**Volunteers are required to complete this form for work performed for an event or one-time occasion.**

I, \_\_\_\_\_, volunteer to assist at the UK-Lexington Fayette County Arboretum (“The Arboretum” hereafter) for \_\_\_\_\_ (for example Addie’s Day, Earth Day, Arbor Day, etc.) on (\_\_\_/\_\_\_/\_\_\_\_) (dd/mm/yyyy).

I understand and agree that I will receive no compensation from the University of Kentucky and will not be eligible for any University of Kentucky benefits or worker’s compensation benefits. I also understand that I will not be given preference for future University of Kentucky jobs or positions, should any become available.

I understand and agree that I will follow all applicable federal, state, local, or University regulations or policies regarding COVID-19, including but not limited to masks, social distancing, etc.

In consideration of being afforded the opportunity to participate in the activities identified above, I, for myself, my heirs, successors or assigns, hereby release and hold harmless the University of Kentucky, its Board of Trustees, agents, servants and employees, including faculty members, from any and all claims, demands, causes of action or damages which accrue on account of bodily or personal injury, property damage or death arising from my volunteering at The Arboretum, including damages, injury, or death arising from the negligence of the aforesaid parties. I attest and verify that I have full knowledge of the risk involved in my volunteer activities and that I am physically fit and sufficiently trained to participate. I, for my heirs, successors, my assigns, or myself, hereby assume any and all risks attendant to participation in volunteering at The Arboretum.

My 2023 duties as an Arboretum volunteer were performed on (\_\_\_/\_\_\_/\_\_\_\_) (dd/mm/yyyy).

Have you ever plead guilty to, or been convicted of, a felony or misdemeanor in this state or in any other state, or do you have any pending charges?    Yes    No

If yes, please provide the details of each conviction or pending conviction including date and nature of offense:

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I have read, understood, and retained a copy of the Volunteer Agreement provided by The Arboretum and I understand any risks associated with my volunteer position.

Signature \_\_\_\_\_ Today's date ( \_\_/\_\_/\_\_\_\_ )

## 2023 EVENT or ONE-TIME

### ARBORETUM VOLUNTEER INFORMATION AND EMERGENCY CONTACT FORM

The information requested below is required to volunteer at The Arboretum.

Volunteer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Volunteer Home phone: \_\_\_\_\_

Volunteer Cell phone: \_\_\_\_\_

**We request your email address so that Arboretum staff may communicate with you.**

Volunteer E-mail Address: \_\_\_\_\_

**Please include a contact in case of emergency:**

Emergency Contact Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_