

ISU Student Organic Farm Work-share Agreement

We, the ISU Student Organic Farm, have offered you participation in our work-share program, and you,



wish to participate in our work-share program for the 2017 growing season.

To ensure a safe, productive, and positive experience for everyone, the Farm and the work-share member agree to the commitments outlined below.

Section 1: Work-share Member's Obligations

I, the work-share member, agree to the following obligations:

- A. *Schedule*: I will volunteer at the farm 3 hours/week from the end of semester through the end of May; 3 hours/week June-September; and 3 hours/week October.
- B. *Duties*: I will perform any reasonable tasks as the farm may assign. I may be asked to perform duties including, but not be limited to, the following: planting, weeding, harvesting, washing, lifting harvest lugs, packing share-boxes, and general harvest clean-up.
- C. *Responsibilities*: I will perform my tasks in a professional, courteous manner, follow the supervision and direction of an officer or volunteer to whom I am assigned, and participate in all training required by the Farm. I will treat tools responsibly, following instruction on proper use, cleaning, and storage. I will clean my own SOF reusable box and bring it to the share pick-up on the days shares are distributed. When receiving a ride to the plot at the Horticulture Research Station, I will show up at the designated pick-up location *on time*.
- D. *Arriving Late or Missing Shifts*: I will notify the Farm in advance if I am unable to arrive for my shift at the scheduled time and I will make up any missed time by joining another workday.
- E. *Substitutes*: I will not send a substitute to work my shift without the Farm's prior approval.
- F. *Fees*: I will pay \$50 to participate as a work-share by March 10, 2017. If writing a check, I will make it out to ISU Student Organic Farm and arrange with an officer to drop off the check. I may also leave the check in SOF mailbox in 1126 Agronomy Hall.
- G. *Picking up Share*: I will pick up my share or arrange for another person to pick up my share at the designated time and location; I will tell an officer if I am unable to pick up my share on a given week.

Section 2: The Farm's Obligations

We, the Farm, agree to the following obligations:

- A. Opportunity: We will provide the work-share member with the opportunity to learn about organic food production practices and growing for a community supported agriculture (CSA).
- B. Reimbursement: We will reimburse the work-share member for their volunteer service with one full share of weekly vegetables for the 2017 season.
- C. Allowing Absence: We will allow the work-share member to miss *three* weeks (not to exceed nine hours) of work during the growing season. Please email SOF these dates as soon as you are aware of them.

Section 3: Nature of the Work-share Member's Service

I, the work-share member, understand and agree that I am not an employee of the Farm and am not entitled to, nor do I expect, any compensation for my services including, but not limited to, minimum wage, overtime, unemployment insurance, workers' compensation insurance, or any other benefits.

Section 4: Work-share Member's Assumption of Risk and Release of All Claims

A: Risks of Volunteering

I understand that the activities at the Farm involve serious risks, including, but not limited to, the following: insects; wildlife; farm animals; inclement weather; extreme temperatures; heavy machinery; tools; the actions and negligence of employees, volunteers, and other people present on the farm; and dangerous conditions on the land such as holes in the ground or barbed wire. I understand that these examples are not all-inclusive and there may be additional risks, all of which may involve serious personal injury, death, or damage to my property.

B: Release of Claims and Assumption of Risk

In exchange for the opportunity to volunteer on the Farm, I (and my family, heirs, and personal representatives) willingly and knowingly release the Farm and its officers, owners, employees and agents from any and all liability for any personal injury or damage to property relating to my participation. I (and my family, heirs, and personal representatives) agree to assume all of the risks and responsibilities of my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation on the Farm.

C: Medical Care Authorized

I am physically fit to participate in activities at the Farm. I understand that there are no medical services available on site or otherwise and I give the Farm permission to authorize emergency medical treatment for me. I release the Farm and its officers, owners, employees and agents, from liability for any injury or damage that might extend from such emergency medical treatment.

I further agree that this waiver should be interpreted as broadly and inclusively as state law permits.

Section 5: Signature

Printed Name of Work-share Member	Signature	Date
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Student ID	Email, Phone number
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Payment amount received with form

Printed Name of Partner (if applicable)	Signature	Date
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Student ID	Email, Phone number
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Payment amount received with form

Return this form and payment to SOF mailbox in 1126 Agronomy Hall.