

**BURLINGTON COUNTY CLEAN COMMUNITIES PROGRAM  
AGREEMENT TO ASSUME RISKS AND WAIVE AND RELEASE LIABILITY**

**SPONSOR:** *Burlington County Board of Chosen Freeholders*, at \_\_\_\_\_ *Park*

Volunteer Participant Name (PRINT): \_\_\_\_\_ Age: \_\_\_\_\_

Address (street, town, zip): \_\_\_\_\_

**I, the above-named Volunteer Participant, make the following statements:**

1. My participation in this Project is voluntary. I will participate only in activities that are within my physical capacities. I understand that entry into, or cleanup of, any body of water is not part of the Project.

2. **Assumption of Risk.** I understand that my participation in the Project may result in injury to me or loss of personal property. The risks of my participation include reactions to or illnesses resulting from insect bites; cuts, abrasions, injuries from falls, infection from cuts and rash from exposure to poison ivy. I understand that the Park is wooded and inhabited by insects such as chiggers and ticks as well as by wild animals. I assume all of the risks associated with my participation in the Project.

3. **Release.** I release the above-named Sponsor(s), including its directors, officers, employees, representatives and agents, as well as all organizers and volunteers, from all actions or claims of any kind that relate to my participation in the Project. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns including, but not limited to, my spouse and children.

4. **Hold Harmless.** I agree to hold the Sponsor, including its directors, officers, employees, representatives and agents, as well as organizers and volunteers harmless and indemnify them against all actions or claims, including reasonable attorneys' fees, judgments and costs, with respect to any injuries, death, or other damages or loss that I may suffer as a result of my participation in the Project.

5. **Medical Treatment.** If I am injured during the Project I agree and authorize the Sponsor, organizers or other volunteers of the Project to render medical or other services to me or request that others provide such services. I understand that by taking such action the Sponsor, organizers and volunteers are not admitting any liability to provide or to continue to provide any such services. I also understand that provision of such services does not constitute a waiver by the Sponsor, organizers or volunteers of any rights under this Agreement. I understand that if I require transport to a medical facility as a result of my participation in the Project I am financially responsible for such transportation and medical treatment costs. If I am injured during the Project it is my responsibility to seek appropriate medical care and to notify the Project Sponsor.

6. **Photographs.** I authorize the Sponsor to use any photographs or videos taken of me or my children during the Project for Project reporting and future promotional campaigns.

**MY SIGNATURE BELOW INDICATES MY UNDERSTANDING OF AND AGREEMENT WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.**

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is under 18, Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Printed Name:** \_\_\_\_\_

Emergency Contact name + Phone no. \_\_\_\_\_

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**If you would like to be contacted about future cleanup events, please provide the information below:**

Email- PLEASE print neatly. \_\_\_\_\_

Phone Number(s) to best contact you \_\_\_\_\_

If you do not have email, check here \_\_\_\_\_ and event information will be mailed to the address at the top of this form.