



VOLUNTEER AGREEMENT/RELEASE FORM

Middlesex County Park System
1030 River Road, Piscataway, NJ 08854
(732) 745-3900 - (732) 745-7351(fax)

Thank you for agreeing to volunteer with the Middlesex County Department of Parks and Recreation (hereby referred to as the "County".) Please be sure that the lasting impression you make on those you serve will help to build our program and its reputation for quality.

I, _____ agree to perform the volunteer duties (referred to as "Activity") to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer authorized by the County, I acknowledge that there may be certain risks related to the Activity. I hereby state and affirm that:

1. In consideration of being allowed to take part in this Activity, I agree to release and hold harmless the County, its freeholders, officers, employees and agents, from all liability from any harm or injury that I may incur as a result of participating in the Activity, excluding proven gross negligence by the County.
2. I authorize the County staff to assist me by obtaining appropriate emergency medical treatment for me in the event of an accident, injury or illness.
3. I hereby release and forever hold harmless the County, its freeholders, officers, employees or agents from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment or service rendered in connection with participation in the Activity.
4. I understand that any volunteer activity includes inherent risks, hazards and dangers that can cause or lead to injury. Some, but not all of these risks include: falls, slips, cuts and bruises, and tick-borne illnesses. I understand that the County cannot eliminate any of these risks.
5. I understand that the County does not carry medical insurance for volunteers, and I attest to having appropriate medical insurance to protect me in the event of an accident, injury or illness.
6. Unless I indicate otherwise in writing, photographs, videotapes, or audiotapes may be taken of me during the course of the Activity for use by the County for publicity purposes. My first name is the only personal information about me that could be released by the County in the use of the above mentioned media.
7. The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

Emergency contact name, address, home and work/cell phone numbers:

(over)

Health conditions/allergies/current medications:

I agree to accept the following volunteer assignment(s): (Complete after placement)

PROGRAM/EVENT:

Location and Supervisor's name _____

Hours _____ Start Date _____

Length of Commitment _____

Volunteer Signature _____ Date _____

Address _____ Phone _____

Parent/Guardian signature (if under 18) _____ Date _____