



## VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I \_\_\_\_\_, understand that I am volunteering for the Van Cortlandt Park Alliance (VCPA) and am not paid for my services. I agree to maintain confidentiality of records and information regarding the VCPA, its staff, members, and other volunteers. I understand that I am responsible for my own behavior and will only perform volunteer work that I feel comfortable and safe doing. I recognize that park work may involve unpaved and uneven surfaces and trails, use of tools and exposure to poison ivy, insects and other conditions that are normally found in natural areas. I hereby release and agree to indemnify and hold harmless the City of New York, the NYC Dept of Parks and Recreation (NYCDPR) and Van Cortlandt Park Alliance ("Releasees") from any liability, claims and causes of action arising out of or related to any loss, damage or injury to me or my property that I may sustain in connection with or arising out of the volunteer program. If I am injured while performing my assigned duties as a VCPA volunteer, I agree to notify my supervisor immediately. I hereby authorize and give consent to VCPA to copyright or publish all photographs or videotape in which I appear while enrolled as a volunteer in their program. I further agree that VCPA may transfer, use or cause to be used, these photographs or videotapes for any and all exhibitions, public displays, commercials, art and advertising purposes without limitations or reservation.

I represent that I am at least 18 years of age (if under 18 years of age, parent signature MUST be filled in below).

Participant's name (printed): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Participants under the age of 14 need to be part of a group that has adequate adult supervision, or be with a parent or legal guardian while participating.

If participant is under 18 years of age: I am the parent or legal guardian of the above-signed minor ("Minor"). I understand the nature of the activities that the Minor will be involved in as a result of participating with VCPA and the City and believe the Minor to be qualified by reason of experience and capabilities to participate in such activities and to be in good health and proper physical condition to do so. I also recognize that park work may involve unpaved and uneven surfaces and trails, use of tools and exposure to poison ivy, insects and other conditions that are normally found in natural areas. I hereby release, discharge and covenant not to sue each of the Releasees from any and all liability for any expense, claim, personal injury, property damage or other loss or damage of any kind on the Minor's account caused or alleged to be caused in whole or in part by the negligence or carelessness of the Releasees or otherwise and further agree that, if I, the Minor or anyone on the Minor's behalf, makes a claim against any of the Releasees, I will indemnify and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or other cost incurred by them as a result of such claim.

Parent/Guardian Name (printed): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please visit our web site, [www.vancortlandt.org](http://www.vancortlandt.org), to learn about volunteer opportunities with VCPA. If you have questions, call VCPA at (718) 601-1553.

