

VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I, _____, am volunteering for or training with the Bronx River Alliance (Alliance) and the New York City (City) Department of Parks & Recreation. I understand that these activities may involve risk of injury, which might result not only from my own actions, inactions or negligence but from the actions, inactions or negligence of others. I understand that I am responsible for my own behavior and agree that I will only perform tasks that I feel comfortable and safe doing and that I am medically and physically capable of doing. I understand that the Alliance and the City will not cover any medical expenses due to injury received through volunteering or training with them. I agree to accept all the risks existing in these activities and also agree to release, discharge and covenant not to sue the Alliance and the City and their agents, directors, officers, consultants, employees and other volunteers and trainees (the "Releasee") from any and all liability for any expense, claim, personal injury, property damage or other loss or damage of any kind incurred by me during or in connection with my participation in these activities, whether caused or alleged to be caused by the negligence or carelessness of the Releasees or otherwise.

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

Volunteer/Trainee's name (printed): _____ Birthdate: _____

Volunteer/Trainee's signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Volunteers/Trainees 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 volunteering for or training with the Alliance 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 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.bronxriver.org, to learn about volunteer opportunities with the Alliance. If you have questions, call the Alliance at (718) 430-4665.

Please see Consent Form on the other side.

CONSENT TO USE NAME AND LIKENESS

I, _____, consent to the publication and use of my name and/or likeness for the purpose of promotion, publicity, advertising or trade by the Bronx River Alliance (Alliance) or anyone authorized by the Alliance to act on its behalf. "My likeness" includes photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of the Alliance and that I shall have no right of review or approval regarding the use of my name and/or likeness in such material.

I understand and agree that I will not be compensated in any way for the use of my name and/or likeness by the Alliance.

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

Volunteer/Trainee's name (printed): _____ Birthdate: _____

Volunteer/Trainee's signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

If participant is under 18 years of age:

I represent and warrant that I am the parent or legal guardian of the above-signed minor ("Minor"). I have read the foregoing Consent and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither the Minor nor I will revoke or disaffirm the foregoing agreement at any time. I agree to indemnify and hold the Alliance and its agents, directors, officers, consultants, employees and other volunteers and trainees harmless from and against any and all claims, liabilities, costs or expenses, including reasonable attorneys' fees, that may arise from the breach or alleged breach by the Minor or me of the foregoing Consent or this Agreement.

Parent/Guardian Name (printed): _____

Address (if different from above): _____

Phone: _____ Email: _____

Signature: _____ Date: _____

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