

RELEASE OF LIABILITY

Instructions: Complete this form in entirety, return to:

Russell Surace
Recreation Department
1 Collyer Lane
Basking Ridge, NJ 07920
(Phone: 908-630-5520)

DEFINITIONS

"Participant" shall mean: Counselor In Training

GENERAL INFORMATION

Name: _____ Home Phone #: _____

Address: _____

Parents Names: _____ Work Phone #: _____

Parent's Cell #'s: _____ & _____

Emergency Contact (other than Parent): _____ & (____) _____

WHEREAS, the Township of Bernards (hereinafter referred to as the "Township") maintains and operates a camp through its Recreation Department, and

WHEREAS, the Township permits participants to volunteer (hereinafter referred to as "Volunteer") and participate in the Township's Training Program for Playground Workers, and

WHEREAS, the undersigned, with the approval of his/her parent(s)/guardian(s) has volunteered to participate in the Training Program, and

WHEREAS, the parent(s)/guardian(s) acknowledge that the Volunteer is in good health and able to participate in the Training Program, and

WHEREAS, the Volunteer acknowledges that he/she has not been requested by the Township to participate in this activity, but that Volunteer has decided to volunteer in the sense of community and civic spirit, and

WHEREAS, the Volunteer understands that he/she will assist the Group Leader with indoor/outdoor games and arts & crafts.

WHEREAS, the Township acknowledges and the Volunteer understands that all activities will take place on Township or Bernards Township Board of Education property.

RELEASE OF LIABILITY – cont.

IT IS HEREBY AGREED TO AS FOLLOWS:

The Township agrees to permit the Volunteer to participate in the Training Program. The parent(s)/guardian(s) and Volunteer understand and acknowledge that the Volunteer's participation in the Training Program involves a risk of injury to the Volunteer due to the nature of the activities themselves.

The parent(s)/guardian(s) and Volunteer, their heirs and assigns hereby assume the risk of injury, disability or damages which may occur while the Volunteer is participating in any and all activities associated with the Training Program.

The parent(s)/guardian(s) and Volunteer hereby release and discharge the Township, its employees and agents, from any and all liability claims or damages occurring while the Volunteer is on Township or Board of Education property and/or while performing or supervising any activities associated with the Training Program.

The parent(s)/guardian(s) and Volunteer hereby execute this agreement with the understanding and acknowledgement of the activities to be performed by the Volunteer.

Date

Signature of Participant

Date

Print Parent's or Guardian's Name

Date

Signature of Parent or Guardian