



Bucks County Conservation District Volunteer Liability Waiver

- I. I acknowledge and understand that the volunteer work that I will participate in may involve strenuous physical activities and work under difficult conditions and can result in serious personal injury or in death. I certify that I am physically fit and have not been advised otherwise by a qualified medical person. I understand and agree that it is my responsibility to obtain medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during my volunteer activities.

- II. In consideration for the use of provided supplies and opportunity to engage in volunteer work sponsored by the Bucks County Conservation District ("BCCD"), partnering with the Delaware Canal State Park (PADCNR), I agree for myself, my executors, administrators, heirs, successors and assigns to: (A) waive, release and discharge the following persons and entities from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me: BCCD, PADCNR, and their directors, officers, employees, volunteers, representatives, event holders, and landowners whose facilities are being used or whose property is being cleared or cleaned (collectively the "Released Parties"); and (B) indemnify and hold harmless the Released Parties from any and all liabilities, claims, actions, suits, procedures, costs, damages, fines, penalties and expenses, including but not limited to attorney's fees, which arise in connection with my use of the provided supplies and participation in the volunteer activities, without limit, and whether caused by the acts or omissions of the Released Parties.

- III. This waiver, release, and indemnity and image agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect apply to all event participants. Volunteers under the age of 18 are required to have an additional signature by a parent or guardian. In consideration which I acknowledge, I grant Bucks County Conservation District and the Company's assigns, licensees, and successors, the right to use any photographs of myself or my child (regarding *social media, reports, and publications*, for a period of **3 years**). I grant the right to use my image for the purposes listed above in all forms and media, including composite or modified representations, and waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

Volunteer Information			
Name of Volunteer:			
Home Address:			
Cell Phone:		Email:	
Emergency Contact: (Name and Number)			
Signature of Volunteer:			Date:
Signature of Parent/Guardian: (If under the age of 18)			Date:

Email the signed form to Intern@BucksCCD.org, or print it and bring it to the event.