

Hunterdon County Volunteer Work

Individual Release

Event: Delaware River Joint Cleanup Program, September 19, 2020 8:30 to 1:00 pm
(approximate times) Chosen location: _____, Route 29,
Hunterdon County, NJ.

I understand that by participating in the Delaware River Joint Cleanup Program I will be required to wear a mask/face covering, maintain social distance and comply with all applicable State Executive Orders and Directives of the Hunterdon County Health Officer at all times.

I understand that participation also involves activities which pose a potential risk of personal injury. Some examples of these activities include handling sharp or heavy trash; working outdoors in weather that can turn unexpectedly hot, cold, windy, or stormy; and walking on surfaces which can conceal sharp or hazardous objects.

I/We assume all risks associated with participation in the program and hereby for myself, my heirs, executors and administrators waive and release The County of Hunterdon its governing body, officers and employees; the Township of Delaware, its governing body, officers and employees; the Township of Kingwood its governing body, officers and employees; the City of Lambertville its governing body, officers and employees; the Township of West Amwell its governing body, officers and employees; the Borough of Stockton its governing body, officers and employees; the Borough of Frenchtown its governing body, officers and employees; and the State of New Jersey from all claims, liability, risk of loss or injury and damages of any kind including wrongful death associated with or arising out of my/our participation in the proposed volunteer work.

I certify that I have reviewed and understand the Safety Guidelines. I understand that while those materials contain instructions intended to protect me from injury, even my full compliance with those instructions will not guarantee that no injury will occur.

I do NOT give permission to use any photos of myself or my child taken during this program for publicity or program literature: _____

**IF A SIGNATORY IS LESS THAN 18 YEARS OF AGE
THIS MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN!!!**

Name(s) _____
(please print)

Address _____

Age, if less than 18 _____

Signature of Individual **Date**

Name of guardian (print) _____

(address if different than above)

Signature of parent/guardian **Date**