## Friends of Forest Hill Park

## Assumption of Risk & Liability Waiver Volunteer Form

**This form is a legal document that serves as an Assumption of Risk and Liability Waiver that must be completed in order to participate in any of the Friends of Forest Hill Park (FFHP) events listed below. Please complete all information requested and carefully read the terms below before signing the document.**

**EVENTS: <u>Habitat Restoration / Invasive Plant & Trash Removal from 10 am to noon on 9/26/26, 10/24/26, 11/21/26 and 12/12/26 (and their corresponding rain dates)</u>**

Full Name of Participant (print clearly): _____ Are you 18 or older? _____

Emergency Contact Name & Phone Number: _____

I, the undersigned, do hereby agree to participate, or allow my child to participate, in the above-referenced volunteer activity. I assume all risks and all liability, both known and unknown, that may arise from my or their participation in this activity. I understand that there are risks inherent in this volunteer activity and that it carries the possibility of physical injury or even fatality. Some examples of inherent risk include, but are not limited to, insect stings, snake (or other animal) bites, exposure to poison ivy, poison oak and other poisonous plants. I understand that the staff overseeing this event are volunteers and are not certified in first aid, CPR or emergency medical response. I understand that each participant has the responsibility to exercise due care for their own safety as well as the safety of other participants. If I (or my child) requires medical care or treatment, I agree to be financially responsible for all related expenses. I further understand that FFHP, its board of directors, officers, agents, volunteers, event partners, and sponsors are not liable for any injury including that which may result from the negligence of persons conducting this program as permitted by statute and case law.

Signature of Volunteer (if 18 or older) _____ Date _____

**Parent / Guardian Waiver for Participants under 18 years of Age:**

I hereby certify that I am the parent / guardian of _____, named above, and give my consent without reservation.

Signature of Parent / Guardian (if under 18) _____ Date _____

Email of Parent / Guardian: _____

**Photo Clearance**: I hereby give permission to be photographed, or for my child to be photographed, during this activity and I give FFHP permission to use such photographs without identification.

Signature of Volunteer or Parent / Guardian _____ Date _____

Date last revised: 10/12/26