

CONSENT AND WAIVER

I, _____, understand that 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 I am responsible for my own behavior, and 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 also agree to release and hold harmless the Alliance and the City and their agents, directors, officers, consultants, employees and other volunteers and trainees from any and all claims for any expense, personal injury, property damage or other loss or damage of any kind incurred by me during or in connection with my participation in this program, whether caused or alleged to be caused by the negligence or carelessness of such persons or otherwise.

Volunteer/Trainee's signature: _____ Date: _____

Volunteer/Trainee's name
(printed): _____

Address: _____

Phone: _____

Emergency Contact: _____ Phone: _____

If you are under the age of 18, parental approval is required.

Volunteers/Trainees/Interns 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.

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.

THANK YOU!