Volunteer Release Agreement

Thank you for your interest in volunteering at Hancock's Resolution Park. This release form (Agreement) is intended to acknowledge and formalize the voluntary nature of your participation in activities at Hancock's Resolution Park. By signing this form, you, the volunteer, understand the inherent risks involved in volunteering and agree to release the Friends of Hancock Resolution Park, its members, and affiliates from any liability of injuries or damages that may occur while volunteering on park property.

In case of emergency I, _____ authorize members of the Friends of Hancock's Resolutions Park and/or agents of the Anne Arundel County Department of Recreation & Parks to seek medical treatment on my behalf and acknowledge that I am responsible for any associated costs.

I, _____ acknowledge that I am volunteering my time freely and without expectation of compensation.

PLEASE PRINT ALL INFORMATION

Program Name and Date: _____

Adult: _____ Phone: _____

Child #1: _____ Age*_____

Child #2: _____ Age*_____

Child #3: _____ Age*_____

*Age required only for those under 18.

Street Address _____

City _____ State _____ Zip Code _____

Email Address_____

Emergency Contact Name _____

Relationship _____ Phone: _____

In consideration of the Anne Arundel County Department of Recreation & Parks accepting me or my child(ren) as a volunteer, I agree to release and discharge Anne Arundel County, its employees, and agents from any injuries sustained by my child or myself as a result of participation in this volunteer event. I agree to indemnify and hold harmless Anne Arundel County, its employees, and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees, and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. The Department of Recreation & Parks will be notified of any such disabilities or sensitivities in writing prior to the volunteering event.
**Volunteers may be photographed for use by Anne Arundel County for publicity purposes.*

_____ _____

Signature Adult or Parent/Guardian **Date**