



Volunteer Agreement/Waiver of Liability - Montgomery Parks

As a volunteer with the Maryland-National Capital Park and Planning Commission ("Commission"), the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our program and its reputation for quality. By signing below, I agree to perform the volunteer duties ("Activity") to which I am assigned to the best of my ability and in a professional manner. I acknowledge and understand that as a volunteer authorized by the Commission, there may be risk of injury or death related to the Activity described below and I expressly assume the risks and expenses of participating in the Activity. I hereby state and affirm that:

1. In consideration of being allowed to take part in the Activity, I agree to release and forever hold harmless the Commission, its Commissioners, officers, employees, and agents, from all liability for any harm or injury that I may incur as a result of participating in the Activity, excluding proven gross negligence by the Commission.
2. By way of this form, I authorize Commission staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness.
3. Unless I indicate otherwise in writing, I grant the Commission and its agents and assign the right to photograph and/or take video of me and use the photo, video, and/or digital reproduction of me or other reproductions thereof for publication purposes, without compensation, whether in print or digital format, or publishing via the internet. I consent to the Commission's use of my image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of my voice in whatever way the Commission desires, including television, print and internet websites. Furthermore, I consent that such photographs, films, recordings, electronic images shall be the sole property of the Commission. My first name is the only personal information about me that may be released by the Commission for the use of publicity.
4. The terms of this Agreement/Release shall be binding on my heirs, executor, administrator and all members of my family.
5. If this Agreement/Release is being executed by a Parent/Guardian of the volunteer, I fully agree to all the above, both on my behalf and on behalf of the volunteer.

I agree to accept the following volunteer assignment:

Volunteers will help remove litter from a park, trail, or stream. Volunteers must stay with the group, work within the designated park boundaries, and follow safety guidelines/Cleanup Leader's instructions. Dress appropriately for outdoor conditions: close-toed shoes are required (preferably boots), long pants, long sleeve shirts, and long socks are recommended for protection. Other items include bug spray, sunscreen, and a reusable water bottle. Avoid areas that are steep, slippery due to wetness/mud, or overgrown with vegetation. Be mindful of plants and wildlife including thorns, poison ivy, bees, wasps, ticks, etc. **Volunteers are not permitted** to dig items, use machinery, remove any plants/wildlife from parks (unless supervised by certified staff/volunteers), cleanup log jams or debris jams in streams. Do not remove items that are hazardous, sharp, associated with a homeless encampment, or too heavy to carry safely. Do not access streams after heavy rain, if greater than 2 ft high, and/or if you cannot see the stream bottom. For questions contact volunteercleanups@montgomeryparks.org. The Cleanup Leader can report illegal dumping, homeless activity, or unsafe conditions directly to Park Police at 301-949-8010.

Activity (Program/Event): Park Cleanup – Friends of Sligo Creek

Risks: Stated Above.

Location: Parks and trails in the Sligo Creek watershed

Supervisor: Valeria Espinoza, Ed Murtagh, Sligo Steward/Cleanup Leader/Organizer

Hours: 1-3 hours **Project Date:** _____ Length of commitment: 1 day

Volunteer Name: _____ **Adult Volunteer Sign Here:** _____

Emergency contact name and phone number: _____

Parent/Guardian Name*: _____

Parent/Guardian Signature*: _____ **Date:** _____

***Parent/Guardian signature required for volunteers under 18 years old. During the park cleanup, my child may volunteer with or without a parent/guardian. Additionally, my child may be supervised by _____.**

Parent/guardian notes: