



The Accokeek Foundation Volunteer Liability Release

I understand that to volunteer at the Accokeek Foundation I must hereby acknowledge that there may be certain risks related to various activities I may become a part of. I understand that it is my responsibility to contact my doctor and to ensure that I am in good health and am able to participate in the events I volunteer for. I hereby state and affirm that:

- In consideration of being allowed to take part in the activity, I hereby agree to release and hold harmless the Accokeek Foundation, Inc. and the National Park Service, its officers, employees, and agents, from all liability for any harm or injury that I may incur as a result of participating in activities a volunteer, excluding proven gross negligence by the Accokeek Foundation.
- By way of this form, I authorize the Accokeek Foundation staff to assist me by administering basic first aid (e.g. ice packs, band-aids, ointments, etc.) and/or obtain appropriate emergency medical treatment for me in the event of accident, injury or illness.
- I understand that I may be subject to, but not limited to, one or more of the following risks: scrapes, cuts, bruises, poison ivy, insect bites, fractures, exposures, drowning.
- Unless I indicated otherwise in writing at the time of the application to volunteer at the Accokeek Foundation, photographs, video tapes, or audio tapes may be taken of me during the course of the activity for the use by the Accokeek Foundation for publicity purposes. My first name is the only personal information about me that will be released by the Foundation in the use of the above mentioned media.
- The terms of this agreement shall be binding on my heirs, executor, administrator and all members of my family.
- I further state that I am of lawful age or that if I am not 18 years or older, my parents or guardian is legally competent to sign this release, and that I, or my parent or guardian, have read this release in its entirety and fully understand its contents

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Parent/Guardian Signature: _____

Date: _____