



Volunteer Release Form Nature Day Camp 2024

Name of Volunteer _____

Volunteer Age at the time of Camp (must be 13 or older) _____ T-Shirt Size _____

School You Attend _____

Home Address _____

City/State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name and Phone #:

Allergies, Health Conditions or Physical Limitations

The Participant and the Parent(s) or Guardian(s) of the Participant understand and acknowledge that volunteer work on behalf of Raritan Headwaters Association (RHA) may involve a risk of injury due to the nature of the activities themselves. The Parent(s) or guardian(s) of the Participant, on behalf of his or her heirs, assigns, or successors-in-interest, hereby execute this assumption of risk and release from liability in light of that understanding and acknowledgement.

1. The participant and his/her Parent(s) or Guardian(s) acknowledge that the Participant has not been requested by RHA to engage in this activity, but has requested RHA to his/her volunteer services.
2. The Parent(s) or Guardian(s) and Participant, on behalf of his or her heirs, assigns or successors in interest, hereby assume the risk of injury, disability, or damages which may occur while participating in any and all activities on behalf of RHA.
3. The Parent(s)/Guardian(s)/Participant releases and discharges RHA and its employees and Trustees from any and all liability, claims, or damages occurring while that Participant is performing or supervising any activities on behalf of RHA.
4. All photos taken may be used by RHA for display or publicity purposes.

I hereby accept and will abide by the above.

Volunteer's Signature _____ Date: _____

Parent Signature of Volunteer under 18 _____

Parent Name _____