**Volunteer in the Parks Release Form**

*Individuals must read, complete and return this document to be eligible for volunteer activity.*

NOTE:Typing your name below indicates electronic signature.

I, (**Insert Your Name**), Click or tap here to enter text.**,** a member of or participant in the activities sponsored by (**Insert Name of the Sponsoring Organization, if Applicable**), Click or tap here to enter text., understand the work that I have volunteered to do and I hereby state that I am qualified and physically capable of accomplishing the work and activities for which I have volunteered, and that I will perform them as directed by a properly authorized supervisor. I also agree to comply with all DCR rules and regulations.

I hereby release the Commonwealth of Massachusetts and the Department of Conservation and Recreation (DCR), their employees, and agents from all claims, loss, damage, expenses and/or injuries, whether to person or to property, which may result from my actions while participating in volunteer activities or projects approved or sponsored by the Department including but not limited to transportation to, from and among the Boston Harbor Islands on DCR vehicles, boats and water craft in the course of volunteer activities. I further agree to indemnify, defend, and hold harmless the Commonwealth of Massachusetts and the DCR, their employees, and agents from liability for any damage or injuries resulting from my actions while participating in volunteer activities or projects approved or sponsored by the Department, that are found to be outside the scope of approved activities or projects, including but not limited to transportation to, from and among the Boston Harbor Islands on DCR vehicles, boats and water craft.

I grant to the Commonwealth of Massachusetts, Department of Conservation and Recreation (DCR), its representatives and employees the right to take photographs and videos of me and my property, and give permission to use my image, voice, personal statements and name in DCR educational and promotional materials in any medium including but not limited to social media, web communications, publications and video. I understand that I will not receive any compensation for or any rights in these videos or photographs, and I release DCR from any liability for their use.

I acknowledge that, by participating in such volunteer activities and projects, I have not received an appointment to state service, and I will not receive a salary or payment from the Commonwealth. As such, I understand that I am not entitled to Workers Compensation and that I cannot make any claims against the Department for any injury, loss, or damage to person (including bodily injury or death) or property suffered while involved in volunteer work or projects for the DCR and, further, that I will provide my own health insurance.

I recognize that MGL c. 21, §17G provides that, pursuant to the provisions, requirements, and limitations of MGL c. 258 and the guidelines adopted by DCR, I shall not be liable for injury or loss of property or personal injury or death caused by my negligent or wrongful act or omission while acting within the scope of my volunteer activities. However, I acknowledge that I will not be indemnified under MGL c. 258, §9 for intentional torts or for the violation of a person’s civil rights. I also acknowledge that in any litigation, the final determination of whether a person is considered an uncompensated employee is made the Attorney General’s Office.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Start Date of Service |  | End Date of Service |
| This Release Form is valid from: |  | to: |  |

|  |  |  |
| --- | --- | --- |
| Name of Participant  Click or tap here to enter text. | | Date  Click or tap here to enter text. |
| Home Street Address  Click or tap here to enter text. | | Cell Phone (for emergency use only)  Click or tap here to enter text. |
| Home City, State, Zip  Click or tap here to enter text. | | Email (for emergency use only)  Click or tap here to enter text. |
|  | For Persons Under 18, a Parent or Legal Guardian Must Check Box on the Left and Print their Own Name below:  Click or tap here to enter text. | |

***~Please bring the signed form with you in order to board the boat~***