

**COUNTY OF UNION
ADOPT-A-PARK/TRAIL RELEASE**

I understand that participation in the Adopt-A- Park/Trail Program involves activities, which pose a potential risk of personal injury. Some examples of these activities include: using sharp trail tools, handling sharp or heavy trash, working outdoors in weather that can turn unexpectedly hot, cold, windy or stormy, and walking on surfaces which can conceal sharp or hazardous objects. I assume all risks associated with participation in the program and hereby for myself, my heirs, executors and administrators waive and release the County of Union, Board of Chosen Freeholders, Department of Parks and Community Renewal, its Director, officers and employees from all claims, liability, risk of loss or injury and damages of any kind including wrongful death associated with or arising out of my participation in the Adopt-A-Park/Trail Program. I certify that I have reviewed and understand the Adopt-A-Park/Trail information packet materials prior to my participation in the programs. I understand that while those materials contain instructions intended to protect me from injury, even my full compliance with those instructions will not guarantee that no injury will occur. I also give Union County permission to photograph me for publicity purposes.

***IF A SIGNATORY IS LESS THAN 18 YEARS OF AGE, THIS MUST BE SIGNED BY A PARENT/GUARDIAN.**

PARTICIPANT	SIGNATURE OF PARTICIPANT OR GUARDIAN*	ADDRESS (street, city, state, zip)	PHONE (home/work/cell)	E-MAIL	DATE

GROUP LEADER:

I certify that every person performing maintenance in this Adopt-A-Park/Trail Program has signed the above release. This release signifies that the Group Leader is responsible for total supervision of all members of his/her group and has provided them with safety information as provided by the County.

NAME OF ORGANIZATION

DATE SIGNED

DATE WORKED

PHONE/E-MAIL

GROUP LEADER/DIRECTOR

ADDRESS

PARK

PROJECT (ie: litter, planting, weeding, etc.)