



FRIENDS OF PRINCETON OPEN SPACE
57 Mountain Avenue Princeton, NJ 08540
(609) 921-2772

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I understand that stewardship and public events are undertaken by **Friends of Princeton Open Space (FOPOS)**, its employees, agents and contractors in order to maintain the health and accessibility of preserved land and to engage the public in conservation activities. I understand that if I participate in stewardship or events there may be a possibility of injury to myself or others due to the use of tools, the physical environment (including, but not limited to, insects, uneven terrain, and crossing streams), or other natural causes. I have volunteered to participate in work on a stewardship or operations Project. I understand that I will be given general training by **FOPOS** in the tasks that are needed on the Project.

IN CONSIDERATION FOR the right to participate in the Project and with full knowledge of the possibility of injury or photography as outlined above, and intending to be legally bound, I hereby agree for myself and on behalf of my family and all my heirs, successors and assigns:

1. To **RELEASE FOPOS** from any and all liability, claims, demands or any causes of action brought as a result of my participation in the Project.
2. **TO NOT SUE OR OTHERWISE MAKE ANY CLAIM** against **FOPOS** for any injury or harm that may arise from my participation in the Project.
3. To **ASSUME FULL RESPONSIBILITY** for any risk occurring from my participation in the Project.
4. To **USE MY BEST EFFORTS** to act reasonably and responsibly, and to observe safety procedures during my participation in the Project.
5. To **INDEMNIFY AND HOLD HARMLESS FOPOS** from all claims, judgments, expenses and costs, including but not limited to attorney's fees, incurred in connection with any claims brought as a result of my participation in the Project.
6. To **ALLOW FOPOS** staff to provide medical treatment according to their level of training and to seek further medical treatment on my behalf as necessary.

Sign below to agree.

Participant's Name (Please print legibly)	Date	Participant's Signature
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Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign)

PHOTO RELEASE FORM

I understand and grant **FOPOS** permission to use my likeness in a photograph, video, or other digital media in any and all its publications. I understand and agree that all photos will become the property of **FOPOS**. I hereby hold harmless, release, and forever discharge **FOPOS** from all claims, demands, and causes of action which I and on behalf of my family, all my heirs, successors and assigns have or may have on reason of this authorization.

Participant's Name (Please print legibly)	Date	Participant's Signature
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Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign)