**Office of the General Counsel**
**The Maryland-National Capital Park and Planning Commission**

## Volunteer Agreement/Waiver of Liability

As a volunteer with the Maryland-National Capital Park and Planning Commission ("Commission"), the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our program and its reputation for quality.

By signing below, I agree to perform the volunteer duties ("Activity") to which I am assigned to the best of my ability and in a professional manner. I acknowledge and understand that as a volunteer authorized by the Commission, there may be risk of injury or death related to the Activity described below and I expressly assume the risks and expenses of participating in the Activity. I hereby state and affirm that:

1. In consideration of being allowed to take part in the Activity, I agree to release and forever hold harmless the Commission, its Commissioners, officers, employees, and agents, from all liability for any harm or injury that I may incur as a result of participating in the Activity, **excluding proven gross negligence** by the Commission.

2. By way of this form, I authorize Commission staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness.

3. Unless I indicate otherwise in writing, I grant the Commission and its agents and assign the right to photograph and/or take video of me and use the photo, video, and/or digital reproduction of me or other reproductions thereof for publication purposes, without compensation, whether in print or digital format, or publishing via the internet. I consent to the Commission's use of my image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of my voice in whatever way the Commission desires, including television, print and internet websites. Furthermore, I consent that such photographs, films, recordings, electronic images shall be the sole property of the Commission. My first name is the only personal information about me that may be released by the Commission for the use of publicity.

4. The terms of this Agreement/Release shall be binding on my heirs, executor, administrator and all members of my family.

5. If this Agreement/Release is being executed by a Parent/Guardian of the volunteer, I fully agree to all the above, both on my behalf and on behalf of the volunteer.

I agree to accept the following volunteer assignment:

Activity (Program/Event): Weed Warrior Volunteer Event
Risks: Stated Above.
Location: Montgomery Parks
Contact Name: Corinne Stephens & Silvia Nuñez, Natural Resources Stewardship Section, Montgomery Parks
Hours: 1-3 hours Event date: _____ _____
Emergency contact name, address and phone number: _____
Volunteer Name: _____
Volunteer Signature: _____ Date: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____ (if under age 18) Date: _____

Coordinator, retain one copy of this form for your records.
Send one copy to:
Volunteer Services Office
Risk Management Office