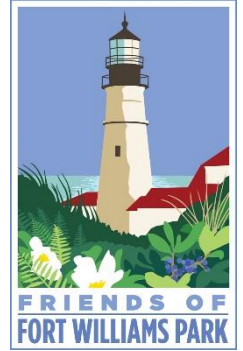


RELEASE, ASSUMPTION of RISK and AGREEMENT to HOLD HARMLESS

Friends of Fort Williams Park and the Town of Cape Elizabeth



Name (printed): _____

Date of Birth: _____

Mailing Address: _____

Email: _____

Phone #: _____

Emergency Contact Person/Phone: _____

I hereby request that I be permitted to assist the Friends of Fort Williams Park (FFWP) in the Town of Cape Elizabeth as a volunteer doing community service at Fort Williams Park. I am aware that this volunteer activity may subject me to risk of injury, disease or possibly exposure to poison ivy. I agree to undergo requested training and will follow all directives and recommendations, including healthy and safety related protocols. The FFWP, the Town of Cape Elizabeth, its agents, officers, and employees, accept no responsibility and will not be liable for any injury, harm or damage to my person or property occurring during, or arising out of, or in connection with, the volunteer activity.

To the fullest extent permitted by law, I do voluntarily agree to assume all risk or injury, disease, harm, or damage to me or my property (including but not limited to all risks of injury, harm or damage to me or my property caused by the negligence of the FFWP, or the Town of Cape Elizabeth, their agents, officers or employees) arising out of or in connection with the volunteer activity and release and agree to indemnify and hold harmless the FFWP, the Town of Cape Elizabeth, their agents, officers and employees. And further I give my permission for emergency medical treatment in case I am unable to consent, and the contact above cannot be promptly reached.

Photographers may take pictures of volunteers working with Friends of Fort Williams Park for use in newspaper or magazine articles or in our social media (Facebook, Instagram, website, MailChimp e-newsletters, etc.). May we have your permission to use photos of you: (please circle): **YES NO**

Would you be interested in being contacted for other volunteer opportunities in the Park? (please circle): **YES NO**

If Yes, please let us know best way to contact (please circle): phone email

Signature (or Signature of Parent or Legal Guardian in the case of a minor)

Date