dcr
Massachusetts

Attachment B

Massachusetts Department of Conservation and Recreation
Volunteer Release Form

I, _____, (*Your Name*) a member of or participant in the activities sponsored by _____, (*Name of the Organization, if applicable*), 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 agree to comply with all DCR rules and regulations.

I hereby release the Commonwealth of Massachusetts and the Department of Conservation and Recreation (the "Department"), 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 programs and projects approved or sponsored by the Department.

I further agree to indemnify, defend and hold harmless the Commonwealth of Massachusetts and the Department, their employees and agents, from liability for any damage or injuries resulting from my actions while participating in volunteer programs and projects approved or sponsored by the Department.

I acknowledge that, by participating in such volunteer programs 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 for any injury suffered while involved in volunteer work or projects for the Department and, further, that I will provide my own health insurance.

I recognize that G.L. c. 21, § 17G provides that, pursuant to the provisions, requirements and limitations of G.L. 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 G. L. c. 258, Section 9 for intentional torts or for the violation of a person's civil rights

_____ _____ _____
Signature Date Signature of Parent or Legal Guardian Date
(For persons under 18 years of age)

Emergency Contact Information:

Name _____ Phone # _____

Relationship _____