



Anne Arundel County

Department of Recreation and Parks

Volunteer Liability Release Form

I, _____, hereby release, indemnify, and hold harmless Anne Arundel County Recreation and Parks in conjunction with Anne Arundel County and their respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting directly or indirectly, the activities surrounding my involvement as a volunteer from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representatives, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I understand that I am to receive no payment for services from Anne Arundel County Recreation and Parks. I am not an employee, contractor or consultant. I will not be entitled to and will not receive Worker’s Compensations benefits or other similar payments from Anne Arundel County Recreation and Parks, under the law of the State of Maryland in the event that I am injured.

I hereby consent that Anne Arundel County Recreation and Parks to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movies, videotapes, and/or sound records or any part thereof, that they may take or make of me during my work as a volunteer in which I may be included in whole or in part, whether separate from or in conjunction with, illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any rights I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby waive all claims for compensation of such use or for damages.

I acknowledge that I have read fully, understand and am voluntarily signing this release without any inducement from any member of the staff.

Signature of Volunteer

Date

Signature of Parent/Guardian (if under 18 years old)

Date

Printed name of Parent/Guardian (if under 18 years old)



1361 Wrighton Road
Lothian, MD 20711
(410) 222-8006
www.jugbay.org
jugbay@aacounty.org

Date _____

Thank you for your interest in joining the Jug Bay volunteer community! Your contact information and interests are collected for in-house use only to assist us in matching you with potential volunteer activities. It is very important that you log your volunteer hours after every event through the form on our website. We are required to create reports on volunteer participation and need volunteer data to do so. Thank you again for volunteering!!

Name _____ Nickname _____ Birthday _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____

Email Address _____

Emergency Contact Name _____ Relationship _____

Phone _____

Interests/Occupation _____

