



OCEAN COUNTY COLLEGE

Accident Waiver & Release of Liability; Permission for Use of Photos

Event: Barnegat Bay Blitz Location: _____ Date: _____

I understand that participation in this event involves activities that may pose potential dangers and risks to my person and property. I recognize the importance of, and agree to fully comply with, all instructions regarding participation in this event and all applicable laws, policies, rules and regulations. I understand that my full compliance with instructions will not guarantee that no injury or property damage will occur.

I understand that Ocean County College/Barnegat Bay Partnership and the County of Ocean do not insure participants in this event, that any coverage would be through personal insurance of the participant and/or legal guardian identified below, and that Ocean County College/Barnegat Bay Partnership and the County of Ocean have no responsibility or liability for injury or property damage resulting from this event's activities. I voluntarily elect to participate in this event with knowledge of the dangers involved, and I hereby agree to accept and assume any and all risks of personal damage, personal injury, or death.

In consideration of being allowed to voluntarily participate in this event, on behalf of myself, my personal representatives, heirs, next of kin, successors, and assigns, I forever: (A) Waive, release and discharge Ocean County College/Barnegat Bay Partnership and the County of Ocean from any and all negligence and liability for my death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue to me and my estate as a direct or indirect result of my participation in this event's activities; and (B) Defend, indemnify, and hold harmless Ocean County College/Barnegat Bay Partnership and the County of Ocean and its agencies, officers, and employees from any and all claims of any nature, including all costs, expenses, and attorneys' fees, which in any manner result from participant's actions in this event. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I understand that at this event, I may be the subject of photographs or videos, and I agree to allow Ocean County College/Barnegat Bay Partnership and the County of Ocean to use such photographs or videos, with or without names, for any lawful purpose.

I hereby certify that I have read this document and understand its content. I am aware that this is a release of liability as well as a contract, and I sign it of my own free will. NOTE: If participant is less than 18 years of age, this Waiver and Release must be signed by a parent or guardian.

PRINT Volunteer Name

SIGNATURE of Adult Volunteer

DATE

PRINT Parent/Legal Guardian Name
(if volunteer is less than 18 years of age)

SIGNATURE of Parent/Legal Guardian
(if volunteer is less than 18 years of age)