

# *Camp* *Pattersonville* Volunteer Agreement

Thank you for working today. We greatly appreciate your assistance and commitment to biblically-based summer camp for children. This is an annual form where you provide emergency contact information and agree to release Camp Pattersonville of all liability while working with Camp Pattersonville. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the "Release") executed on this [ ] day of [ ] 20[ ], by [ ] (the "Volunteer") in favor of Camp Pattersonville, Inc., a New York nonprofit corporation, their directors, officers, employees, and agents (collectively, "Camp Pattersonville").

The Volunteer desires to work as a volunteer for Camp Pattersonville and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include construction, maintenance of camp facilities & property, moving equipment, assisting camp staff, and transporting camp staff and campers to the overnight site.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless Camp Pattersonville and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Camp Pattersonville.

Volunteer understands that this Release discharges Camp Pattersonville from any liability or claim that the Volunteer may have against Camp Pattersonville with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with Camp Pattersonville, whether caused by the negligence of Camp Pattersonville or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Camp Pattersonville does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge Camp Pattersonville from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Camp Pattersonville.

**Assumption of the Risk:** The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, construction, maintenance, grounds keeping, moving items, and transporting people in the volunteer's vehicle

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Camp Pattersonville from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by Camp Pattersonville in writing, Camp Pattersonville does not carry or maintain health, medical, or

disability insurance for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Photographic Release:** Volunteer does hereby grant and convey unto Camp Pattersonville all rights, title, and interest in any and all photographic images and video or audio recordings made by Camp Pattersonville during the Volunteer's Activities with Camp Pattersonville, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**COVID-19:** Volunteer agrees to protect himself/herself and other people at Camp Pattersonville from the spread of COVID-19 including maintaining social distance and/or bringing and wearing a mask over his/her nose and mouth.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS WHEREOF, Volunteer has executed this Release as of the date written above**

Volunteer Name (Print Please): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Volunteer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (required for NY DCJS check): \_\_\_\_\_

Organization: (if applicable): \_\_\_\_\_

**\*\*\*\*\* If the volunteer is under the age of 18 a parent or legal guardian must sign. \*\*\*\*\***

Parent or Guardian Signature: \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Any allergies, medications, or other information needed in an emergency:** \_\_\_\_\_