



MassLIFT-AmeriCorps  
**Waiver: Liability and Publicity**



**LIABILITY WAIVER**

In consideration of permission to participate in the Buzzards Bay Coalition's volunteer opportunities:

- A. I fully understand and acknowledge that outdoor activities have inherent risks, dangers and hazards and such hazards may exist during \_\_\_\_\_'s participation.
- B. Participation in such activities may result in injury or illness and by allowing my youth's participation in these activities, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of the officers, staff, or agents of Mount Grace Land Conservation Trust, the negligence of the participants, the negligence of others, accidents, the forces of nature or other causes.
- C. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Mount Grace Land Conservation Trust and its officers, staff, and agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, or otherwise which may arise out of my participation in Mount Grace Land Conservation Trust activities.

I, the parent and/or legal guardian, have read the above waiver and release, and by signing it agree. It is my intention to exempt and relieve Mount Grace Land Conservation Trust from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**PUBLICITY CONSENT**

I hereby consent that any narratives, film, photographs, videotape, or sound recordings of events in which \_\_\_\_\_ (name of Minor) may be participating may be used by Mount Grace Land Conservation Trust and its sub-grantee partners, the AmeriCorps program, including MassLIFT, or the Massachusetts Service Alliance, or the National and Community Service Board, or any other AmeriCorps programs in the state, in order to publicize AmeriCorps, Massachusetts Service Alliance, or MassLIFT events, programs, and service day activities, or in any other ways they see fit.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date