



TOWN OF BARRINGTON

NEW Tree Inventory Initiative – Volunteer Waiver Form

This form will be used by all volunteers participating in the Town's Tree Inventory Data Collection Field Work. Directly after signing up online as a Volunteer, this completed Waiver Form should be dropped off or mailed to:

Town of Barrington, c/o Tree Inventory Initiative, 283 County Road, Barrington RI 02806

(Please print) I, _____, hereby give my approval for my participation in any/all activities during the Town of Barrington's Tree Inventory Data Collection Field Work. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving this program.

MEDICAL CONDITIONS: I understand that myself or my children requiring special attentions are reviewed on a case-by-case basis with the Coordinator(s). I understand that this program does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved. The Program Coordinators reserve the right to withdraw anyone from the program if we are unable to meet the special needs of the volunteer. Please provide Medical Conditions and/or Food/Environmental Allergies: _____

RISK FACTORS: The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington involves risks such as, but not limited to the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care – RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that the volunteer assumes all risks that arise from, but not limited to, those risk factors described above.

RELEASE: The undersigned releases the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

EMERGENCY TREATMENT CONSENT: The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such a treatment.

ACKNOWLEDGEMENT: The undersigned has read and understands the agreement.

COVID-19 DISCLAIMER: Without in any way limiting the scope of the foregoing assumption of risk and waiver, and release of liability, all participants specifically acknowledge, assume, and release the Town of Barrington from any and all liability that is any way related to risks resulting from the COVID-19 novel coronavirus pandemic. MASK IS OPTIONAL.

Date: _____ Volunteer's Signature: _____

Parent/Guardian Name (Print): _____ Parent/Guardian Signature: _____

PLEASE NOTE: Volunteers under 14 must be accompanied by a Parent/Guardian and they must provide their written content. Parent/Guardian interested in volunteering must complete a separate online signup: <https://forms.office.com/r/rrraRspWdt>