Date: ________________________

The following rules and regulations apply to you as a volunteer at Albert C. Wagner/Garden State/Jones Farm Correctional Facility

1. I agree that I shall abide by all the rules and regulations set forth by the correctional facility and shall not engage in any activities that threaten the order and security of the correctional facility.

2. I agree that my services shall be on a strictly volunteer basis for which I shall not receive any money, gifts or compensation.

3. I agree to abide by my attendance schedule.

4. I understand that all information relative to the affairs of the correctional facility and to the individual inmates must be given out through the Administrator/Superintendent's office and shall not be discussed outside the correctional facility or the Department of Corrections.

5. I understand that N.J.S.A. 2C:29-6, New Jersey Code of Criminal Justice makes it a criminal offense to introduce within a correctional institution any weapon or other thing which may be useful for escape; or to provide an inmate with any other thing which the person knows or should know it is unlawful for the inmate to possess.

6. I understand that I shall not exchange any gifts, monies, personal services or other favors with any inmate or any inmate's friend or representative.

7. I agree that I shall notify the authorities at the correctional facility of any unusual situations, gatherings, conversations or events that may occur.

8. I agree that I shall not enter the correctional facility while under the influence of alcohol, narcotics or illicit drugs.

9. I agree that I shall not give any type of medication (over-the-counter or prescribed) to any inmate.

10. I agree that I shall not indulge in undue familiarity with inmates or permit inmates to be unduly familiar with me.

11. I understand that I shall wear my correctional facility I.D. tag at all times while in the correctional facility.

12. I agree that I shall not extend the period of volunteer service without the approval of the Coordinator of Volunteer Services.

13. I understand that I shall keep confidential information regarding inmates.

14. I understand that I must not take anything out of the correctional facility for an inmate(s) such as, but not limited to mail or other material.

15. I understand that I shall not visit the correctional facility on unauthorized days.

I certify that I have read and understand the rules and responsibilities governing my participation as a volunteer. I understand that if I violate any of these rules and responsibilities, I may be removed from the Volunteer Program. I also acknowledge receipt of a copy of these rules and regulations.

[Signature]

Printed Name and Signature of Volunteer

Date

[Signature]

Printed Name and Signature of Witness

Date

Form 450-II (NJAC 10A:17-2) Effective 12-19-94
State of New Jersey  
DEPARTMENT OF CORRECTIONS

VOLUNTEER APPLICATION

Please Type or Print  
Albert C. Wagner/Garden State/Jones Farm  
Correctional Facility  

Name: ___________________________  
Birth Name: ___________________________  
SOC: ___________________________  
Email address: ___________________________

Gender:  
□ Male  
□ Female  
Eye Color: ___________________________

Home Phone: ___________________________  
Cell Phone: ___________________________  
Work Phone: ___________________________

Address: ___________________________
Street Address: ___________________________
City: ___________________________
State: ___________________________
Zip Code: ___________________________

Resident of State: ___________________________
Years: ___________________________
Passport # ___________________________
(U.S. Citizen)  
□ Yes  
□ No

Vehicle information: ___________________________
Vehicle License Plate #: ___________________________
State: ___________________________
Veh. Make: ___________________________
Year: ___________________________

Driver's License #: ___________________________
State: ___________________________
Veh. Model: ___________________________
Color: ___________________________

Person to notify in case of emergency: ___________________________
Name: ___________________________
Street Address: ___________________________
City: ___________________________
State: ___________________________
Zip Code: ___________________________

Relationship: ___________________________
Phone: ___________________________

Education / Training / Organizations: ___________________________
High School Diploma / GED: ___________________________
College Degree: ___________________________
University / College: ___________________________
Name: ___________________________
Degree / Major: ___________________________

License(s) / Certificate(s): ___________________________
Organization you represent: ___________________________
The College of New Jersey  
Name of organization: ___________________________
Megan Tavares  
(215) 932-5045  
Contact person and Telephone number  
or Karina Lopez  
(908) 787-7721

Previous volunteer work history: ___________________________
Agency name: ___________________________
Street address: ___________________________
City: ___________________________
State: ___________________________
Zip Code: ___________________________

Type of service: ___________________________
Days volunteered: ___________________________

FORM 450-1 (NJAC 10A:17-2)  
Page 1 of 2  
Revised 3-08-2006
Volunteer work preferences

☐ Teaching
☐ Tutoring
☐ Counseling
☐ Mentoring
☐ Religious Services / Studies
☐ Other __________________________

Check days and indicate times available to volunteer:

☐ Sunday Time - ________________
☐ Monday Time - ________________
☐ Tuesday Time - ________________
☐ Wednesday Time - ________________
☐ Thursday Time - ________________
☐ Friday Time - ________________
☐ Saturday Time - ________________

Briefly state why you wish to perform volunteer work:

__________________________________________________________________________

Criminal History

1. Have you ever been convicted of a crime? ☐ Yes ☐ No
   If yes, please provide details on a Criminal History Background Check (SID Form 12)

2. Do you have any relatives, by blood or marriage, incarcerated in any New Jersey Correctional Facility? ☐ Yes ☐ No

3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey Correctional Facility? ☐ Yes ☐ No

4. If you answered "Yes" to question 2 or 3 above, provide name(s), State numbers and Correctional facility(ies):
   __________________________________________
   __________________________________________
   __________________________________________

5. Do you have any physical limitations? ☐ Yes ☐ No If yes, provide details __________________________

Right to Privacy / State Police Check

Prior to being approved as a volunteer, photographs shall be taken for I.D. purposes, and a State Police Bureau of Identification (S.B.I.) check shall be made by this correctional facility. Fingerprints may also be taken.

☐ I hereby waive my right to privacy of records and allow a check on my background to be made with law enforcement authorities. I further understand that all information will be kept confidential and I certify that the information contained in this application is true and accurate. If I am approved as a volunteer, I will abide by all rules and regulations governing this program.

Signature of Volunteer

__________________________

Printed Name and Signature of Coordinator of Volunteer Services

________________________________________

Date

Special Conditions ____________________________

S.B.I. Check: ____________________________

CCH: ____________________________

Printed Name and Signature of Area Supervisor

__________________________________________

Date

Printed Name and Signature of Administrator

__________________________________________

Date

FORM 490-I (NJAC 10A:17-2)

Page 2 of 2

Revised 3-03-2008
APPLICATION FOR CLEARANCE AND ISSUANCE OF IDENTIFICATION CARDS

CIRCLE ONE: TEMPORARY OR VOLUNTEER CIRCLE ONE: NEW RENEWAL

(PLEASE PRINT LEGIBLY)

NAME: ____________________________ (LAST) ____________________________ (FIRST) ____________________________ (M.I) ____________________________

SS #: ____________________________

AKA: ____________________________ / ____________________________ ____________________________ ____________________________ ____________________________

(OTHER NAMES USED SUCH AS MAIDEN NAME, ADOPTIONAL, RELIGIOUS, ETC.) ____________________________ ____________________________

(MARKS, SCARS AND TATTOOS)


PLACE OF BIRTH: ____________________________ ____________________________ ____________________________ ____________________________

(State Only) ____________________________ (State) ____________________________ (Number)

Driver’s Lic. #: ____________________________

HOME ADDRESS: ____________________________ ____________________________ ____________________________ ____________________________

(STREET) ____________________________ (CITY) ____________________________ (STATE) ____________________________ (ZIP CODE)

Name of your Department/Agency: BCS - Institute for Prison Teaching and Outreach Phone #: (609) 771-2656

ADDRESS: 2000 Pennington Rd. Forcina Rm 335 Ewing NJ 08628

(STREET) ____________________________ (CITY) ____________________________ (STATE) ____________________________ (ZIP CODE)

PURPOSE OF VISITATION TO INSTITUTIONS: Tutoring

Have you ever been convicted of any violation of the Criminal Code in this State or in any other Jurisdiction? (Violations include offenses, crimes, misdemeanors, and felonies).

(Circle one) YES NO If “YES”, explain on reverse side.

Do you presently have any pending criminal charges? YES ____ NO ____ If “YES”, explain on reverse side.

APPLICANT MUST LIST EXPUNGED CONVICTION(s) INFORMATION, SIGN AND DATE THE “AUTHORIZATION TO RELEASE INFORMATION” FORM LOCATED IN THIS APPLICATION. FALSIFICATION OF APPLICATION MAY RESULT IN THE TERMINATION OF YOUR EMPLOYMENT.

Have you ever engaged in sexual abuse in a prison, jail, lockup, community facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? YES ____ NO ____

If “YES”, explain: (Please note the date of incident, date of adjudication and the name and location of the prison, jail, lockup community, facility or institution where the incident occurred).

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Have you ever been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? YES ____ NO ____

If “YES”, explain: __________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

IDU: A003 Revised 3/14
**Have you ever been employed by the NJ Dept. of Corrections in any capacity?**

YES ______  NO ______  If “YES”, explain on reverse side.

**Are you currently on an inmate visit list or do you currently have any acquaintances or family members incarcerated in any NJ Dept. of Corrections facilities?**

YES ______  NO ______  If “YES”, explain on reverse side.

---

Title applicant applying for: ______________________ Location: -------------

Sponsor: _________________________ Title: ----------------------

Division, Bureau or Unit: ________________________

Sponsor's signature: ____________________________ Date: ------------

Send reply to: ____________________________ Phone: ____________

( Print Name )

---

**NATURE OF CONVICTION** | **DATE OF CONVICTION** | **AGE AT TIME OF INCIDENT** | **NAME & ADDRESS OF POLICE AGENCY OR COURT** | **DISPOSITION**
---|---|---|---|---

**COMMENTS / EXPLANATIONS:**

________________________________________

________________________________________

________________________________________

________________________________________
AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the release of any and all information regarding me, to the NJ Department of Corrections, at their request, in order that they may determine my suitability for employment.

SIGNATURE OF APPLICANT: ________________________________ DATE: ______________

^ ********** DO NOT WRITE BELOW THIS LINE ********** ^

******* SPECIAL INVESTIGATIONS DIVISION USE ONLY *******

THE ABOVE NAMED APPLICANT'S CRIMINAL HISTORY RECORD INDICATES:

<table>
<thead>
<tr>
<th>ARREST &amp; CONVICTION</th>
<th>ARREST AND NO CONVICTION</th>
<th>NO RECORD</th>
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</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DATE</th>
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</thead>
</table>
Waiver, Release, Indemnity and Promise Not to Sue

I, the undersigned Participant, wish to volunteer as a tutor or participate in an academic class with inmates at the A.C. Wagner/Garden State/Jones Farm Correctional Facility (insert name) in Roxbury/Yorkville/Ewing (insert location) (the “Activity”). I acknowledge that I am aware that this is a medium and/or maximum security prison, that I will be acting as a volunteer or student at this facility, and that the facility is not under the control of the staff of The College of New Jersey (“TCNJ”), the Bonner Institute for Civic and Community Engagement at (the “Bonner Institute”), or the Institute for Prison Outreach and Education (“IPOE”).

In consideration of TCNJ’s permitting me to participate in the Activity, I, intending to be legally bound hereby, understand, represent, acknowledge, and agree as follows:

1) Certain risks are involved in participating in the Activity, including without limitation: allowing facility staff to engage in searches of my person or property (e.g. purses); interacting with individuals who have been found guilty of felonies, including violent crimes; interacting with criminals in a classroom with or without the presence of corrections staff; working with individuals who may or may not have life-threatening medical conditions, such as HIV/AIDS; working with persons who may or may not have mental health or anger-management issues; and remaining inside the facility beyond the designated time of the Activity. In the event there is a “lock down” for security reasons. I am aware that such risks may include property damage, personal injury and death; and I voluntarily assume those risks;

2) I am wholly responsible for my own behavior and possessions during the Activity. I will behave responsibly and professionally, and adhere to all of the Department of Corrections rules and regulations governing volunteers—which include but are not limited to -- not bringing any items in or out of the facility without prior approval of the Superintendent; dressing in a neat and conservative manner; not wearing blue or red clothes; not exchanging personal information with inmates—such as phone numbers or last names; not loaning money or giving any item to inmates; not agreeing to do any favors for inmates; and not becoming unduly familiar with inmates. I will not perform any tasks that I am uncomfortable with or feel unsafe doing. If I am participating in my required Community Engaged Learning experience as a Bonner scholar, a First Year student, or as a member of a class-based or credit-bearing project, I am aware that the appropriate program or project administrators will accommodate my request to find another site or means of satisfying the requirement upon request.

3) I am responsible for all of my own loss, liability and expenses, including medical expenses in connection with the Activity. I have provided TCNJ’s accompanying staff with all necessary medical and health information needed for my safe completion of the Activity. I have no physical, mental, psychological or medical condition that would prohibit me from participating or materially increase the risk to me or others of my participating in the Activity. I am responsible for my own personal medical needs, including medical insurance coverage. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity. I hereby authorize the employees and agents of the Department of Corrections or TCNJ, at their discretion, to administer to or seek for me first aid and other emergency medical services and transportation for further medical care, but I acknowledge that they may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.

4) I will not hold TCNJ, the Bonner Institute, IPOE, or any of their trustees, directors, officers, employees, agents, students or volunteers (collectively, the “Releasees”) responsible for any injury I might incur in connection with the activity. I will not sue or seek damages from any of the Releasees in any form, and I hereby waive and release any and all claims against each of the Releasees for personal injury (including death) or property damage, arising in any way out of my participation in the Activity and agree to indemnify, defend and hold each Releasee harmless from any such claims. I recognize that this release means I am giving up, among other things, rights to sue the Releasees for injuries, damages or losses I may incur.

I have read and do understand and agree to be bound by the above statements, which are true and accurate. My participation in the Activity and the signing of this Waiver, Release, Indemnity and Promise Not to Sue are completely voluntary. Further, I have talked with my parents about this activity and provided them with all of the aforementioned information prior to making a final decision to be a participant.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW.

<table>
<thead>
<tr>
<th>Participant’s Printed Name</th>
<th>Participant’s Signature</th>
<th>Date</th>
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</table>

If Participant is under the age of 18 years, signature of parent or legal guardian is required. I hereby voluntarily give permission for the Participant to participate in the Activity and agree to be bound by the terms of this Waiver, Release, Indemnity and Promise Not to Sue.

<table>
<thead>
<tr>
<th>Parent/Legal Guardian’s Printed Name</th>
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</tbody>
</table>
Mercer County Correction Center
Volunteer Application

Please Print or Type

Date: _____________

Part 1

Name

Last                                    First                                 Initial                                      Maiden

Address

Street                                           City                          State                            NJ                  Zip

Date of Birth: ____________________
Place Of Birth: ___________________________________
Month      Day      Year                                      City                  State       Country

Sex:  □ Female  □ Male

Race:__________   Social Security Number:____________________

Height:_________   Weight:_________   Eye Color:_________   Hair Color:_________

Home Phone: (     )_________________   Business Phone: (     )__________________

U.S. Citizen:  □ Yes  □ No

Years of Residence in New Jersey :________________________

Car License Plate Number: ___________________________ State of Issue: __________________

Driver’s License Number: ____________________________ State of Issue: __________

Make of Car: _________________   Model: __________   Color: _____   Year: _____

Person to notify in case of an emergency:

Name: ___________________________ Address: ___________________________

Relationship: __________________________ Phone: (     )__________________

Name: ___________________________ Address: ___________________________

Relationship: __________________________ Phone: (     )__________________
Education:

Completed High School  □ Yes  □ No – Highest Grade Completed _______

G.E.D  □ Yes  □ No

College: ___________________________ Major: ____________ Degree: _______

Special Training: _______________________________________________________

License(s), Certificate(s): _______________________________________________

List Skills, Interests, and hobbies: _______________________________________

Organization(s) to which you belong: Institute for Prison Teaching and Outreach

Volunteer work preference:

□ Counseling  □ Religious Counseling  □ Teaching  □ Tutoring  □ Help in Volunteer Office

□ Other : _____________________________________________________________

List days and times available to work: ______________________________________

Briefly state why you wish to perform volunteer work: _______________________

_____________________________________________________

Please indicate any previous volunteer work:

Agency Name: __________________________ Address: _________________________

_________________________________________ Phone: (      )______________________

Type of service: _________________________ Days worked: _____________________

PART II

Have you ever been convicted of a crime? □ Yes  □ No

1. If yes, Please give details: _____________________________________________

_____________________________________________________

2. Do you have any relatives (by blood or marriage) incarcerated in any New Jersey Correctional Facility? □ Yes  □ No

3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey correctional facility?
   □ Yes  □ No
4. If you answered yes on questions 2 or 3 above, provide name(s), state number(s) and correctional facility (ties). ________________________________
______________________________________________________________________________
______________________________________________________________________________
__________________________________________

5. Do you have any physical limitations? □ No □ Yes, Give details ________
__________________________________________________________________

PART III

Prior to being approved as a volunteer, photographs shall be taken for I.D. purposes, and a State Police Bureau of Identification (S.B.I.) check shall be made by this correctional facility. Fingerprints may also be taken.

I hereby waive my right to privacy of records and allow a check on my background to be made with law enforcement authorities. I further understand that all information will be kept confidential and I certify that the information contained in this application is true and accurate. If I am approved as a volunteer, I will abide by all rules and regulations governing this program.

___________________________________________   __________________
Signature of Volunteer     Date

-----------------------------------------------------------------------FOR OFFICE USE ONLY------------------------------------------

Area Assigned: _______________ I.D. Card: _______________ Date: __________

Special Conditions: __________ S.B.I. Check On: __________ CCH? ______

______________________________________________________                ___________
Printed Name & Signature of Coordinator of Volunteer Service              Date

________________________________________________________
Printed Name & Signature of Area Supervisor                                        Date

________________________________________________________
Printed Name & Signature of Superintendent                        Date
MERCER COUNTY CORRECTION CENTER
VOLUNTEER APPLICATION

VOLUNTEER RULES AND RESPONSIBILITIES

The following rules and regulations apply to you as a volunteer at Mercer County Correctional Facility

1. I agree that I shall abide by all the rules and regulations set forth by the correctional facility and shall not engage in any activities that threaten the order and security of the correctional facility.
2. I agree that my services shall be on a strictly volunteer basis for which I shall not receive any money, gifts, or compensation.
3. I agree to abide by my attendance schedule.
4. I understand that all information relative to the affairs of the correctional facility and to the individual inmates must be given out through the Administrator/Superintendent’s office and shall not be discussed outside the correctional facility of the Department of Corrections.
5. I understand that N.J.S.A. 2C:29-G. New Jersey Code of Criminal Justice makes it a criminal offense to introduce within a correctional institution any weapon or other thing which may be useful for escape; or to provide an inmate with any other thing which the person knows it is unlawful for the inmate to possess.
6. I understand that I shall not exchange any gifts, monies, personal services or other favors with any inmate or any inmate’s friend or representative.
7. I understand that I shall notify the authorities at that correctional facility of any unusual situations, gatherings, conversations or events that may occur.
8. I understand that I shall not enter the correctional facility while under the influence of alcohol, narcotics or drugs.
9. I agree that I shall not give any type of medication (over-the-counter or prescribed) to any inmate.
10. I agree that I shall not indulge in undue familiarity with inmates or permit inmates to be unduly familiar with me.
11. I understand that I shall wear my correctional facility I.D. tag at all times while in the correctional facility.
12. I agree that I shall not extend the period of volunteer service without the approval of the Coordinator of Volunteer Services.
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15. I understand that I shall not visit the correctional facility on unauthorized days.

I certify that I have read and I understand the rules and responsibilities governing my participation as a volunteer. I understand that if I violate any of these rules and responsibilities, I may be removed from the Volunteer Program. I also acknowledge receipt of copy of these rules and regulations.

______________________________________________  __________________
Printed Name & Signature of Volunteer    Date

______________________________________________  __________________
Printed Name & Signature of Witness    Date
Waiver, Release, Indemnity and Promise Not to Sue

I, the undersigned Participant, wish to volunteer as a tutor or participate in an academic class with inmates at the Mercer County Correctional Center Correctional Facility (insert name) in __________ (insert location) (the “Activity”). I acknowledge that I am aware that this is a medium and/or maximum security prison, that I will be acting as a volunteer or student at this facility, and that the facility is not under the control of the staff of The College of New Jersey (“TCNJ”), the Bonner Institute for Civic and Community Engagement (at the “Bonner Institute”), or the Institute for Prison Outreach and Education (“IPOE”).

In consideration of TCNJ’s permitting me to participate in the Activity, I, intending to be legally bound hereby, understand, represent, acknowledge, and agree as follows:

1) Certain risks are involved in participating in the Activity, including without limitation: allowing facility staff to engage in searches of my person or property (e.g. purses); interacting with individuals who have been found guilty of felonies, including violent crimes; interacting with criminals in a classroom with or without the presence of corrections staff; working with individuals who may or may not have life-threatening medical conditions, such as HIV/AIDS; working with persons who may or may not have mental health or anger-management issues; and remaining inside the facility beyond the designated time of the Activity in the event there is a “lock down” for security reasons. I am aware that such risks may include property damage, personal injury and death; and I voluntarily assume those risks;

2) I am wholly responsible for my own behavior and possessions during the Activity. I will behave responsibly and professionally, and adhere to all of the Department of Corrections rules and regulations governing volunteers—which include but are not limited to -- not bringing any items in or out of the facility without prior approval of the Superintendent; dressing in a neat and conservative manner; not wearing blue or red clothes; not exchanging personal information with inmates—such as phone numbers or last names; not loaning money or giving any item to inmates; not agreeing to do any favors for inmates; and not becoming unduly familiar with inmates. I will not perform any tasks that I am uncomfortable with or feel unsafe doing. If I am participating in my required Community Engaged Learning experience as a Bonner scholar, a First Year student, or as a member of a class-based or credit-bearing project, I am aware that the appropriate program or project administrators will accommodate my request to find another site or means of satisfying the requirement upon request.

3) I am responsible for all of my own loss, liability and expenses, including medical expenses in connection with the Activity. I have provided TCNJ’s accompanying staff with all necessary medical and health information needed for my safe completion of the Activity. I have no physical, mental, psychological or medical condition that would prohibit me from participating or materially increase the risk to me or others of my participating in the Activity. I am responsible for all of my personal medical needs, including medical insurance coverage. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity. I hereby authorize the employees and agents of the Department of Corrections or TCNJ, at their discretion, to administer to or seek for me first aid and other emergency medical services and transportation for further medical care, but I acknowledge that they may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.

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I have read and do understand and agree to be bound by the above statements, which are true and accurate. My participation in the Activity and the signing of this Waiver, Release, Indemnity and Promise Not to Sue are completely voluntary. Further, I have talked with my parents about this activity and provided them with all of the aforementioned information prior to making a final decision to be a participant.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW.

Participant’s Printed Name ____________________________  Participant’s Signature ____________________________  Date __________

If Participant is under the age of 18 years, signature of parent or legal guardian is required. I hereby voluntarily give permission for the Participant to participate in the Activity and agree to be bound by the terms of this Waiver, Release, Indemnity and Promise Not to Sue.

Parent/Legal Guardian’s Printed Name ____________________________  Parent/Legal Guardian’s Signature ____________________________  Date __________