



**PLEASE NOTE:** Ground Force sessions are for adults, students age 14+ and students age 12-13 with an adult. Volunteers should wear long pants, sturdy closed-toed shoes and long socks. We encourage you to bring your own insect repellent, sunscreen, and refillable water bottle. In light rain, we will still work, so if drizzles are predicted, please wear rain gear. We will supply gloves as well as all other tools and materials. Unless otherwise instructed, please meet at the barn in our parking lot. If the session needs to be cancelled due to inclement weather or any other reason, we will contact you via email.

## VOLUNTEER WAIVER

I hereby forever waive and release any and all rights, actions, and claims that I may have against Reeves-Reed Arboretum and the City of Summit for injury (including death and personal injury), loss or damage that I may sustain in connection with my participation in the volunteer program. I acknowledge that by participating, I will be engaged in an outdoor work activity, and that such activities may involve certain inherent risks including, but not limited to, the risk of illness or injury from natural hazards, and risks associated with the actions of others. I assume full responsibility for, and risk of, bodily injury, death or property loss that may occur due to, or as a result of, my participation, whether from the foregoing causes, or from any other cause. I intend that this waiver and release will be legally binding upon me, and upon my heirs, personal representatives, and assigns. This waiver and release shall apply in favor of The City of Summit, Reeves-Reed Arboretum, its officers, trustees, employees, representatives, and respective successors and assigns.

\_\_\_\_\_  
NAME OF PARTICIPANT (PLEASE PRINT)

\_\_\_\_\_  
(AGE if under 18)

\_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT OR GUARDIAN IF PARTICPANT IS UNDER 18

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 (PLEASE PRINT)

\_\_\_\_\_  
EMAIL (OVER 18 PARTICIPANT OR PARENT/GUARDIAN OF UNDER 18 PARTICIPANT)

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
How is this person related to volunteer?

(\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE

(\_\_\_\_\_) \_\_\_\_\_  
WORK PHONE

(\_\_\_\_\_) \_\_\_\_\_  
CELL PHON

**PHOTOGRAPHY & VIDEO WAIVER** - A notice about publicity...

Thank you for volunteering at Reeves-Reed Arboretum. In an effort to let more people know about our volunteer programs, we sometimes use pictures of volunteers in publicity materials.

Please fill out the form below indicating your preference for allowing yourself (or your child if your child is volunteering) to be photographed or filmed.

Reeves-Reed Arboretum:

- does have my permission
- does **not** have my permission

to use still photographs and/or videotaped films of me as publicity for the Arboretum's programs.

\_\_\_\_\_  
NAME OF PARTICIPANT (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (OR GUARDIAN IF VOLUNTEER IS UNDER 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 (PLEASE PRINT)

**ADDITIONAL INFORMATION** - We would like your session/your teen's session to be as positive and productive as possible. Please provide any information that would be helpful:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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(908) 273-8787 [www.reeves-reedarboretum.org](http://www.reeves-reedarboretum.org)