



Department of Conservation and Recreation
Friends of the Blue Hills
Volunteer Release Form



I, a member of or participant in the activities sponsored by Friends of The Blue Hills, understand the work that I have volunteered to do and I hereby state that I am qualified and physically capable of accomplishing the work and activities for which I have volunteered, and that I will perform them as directed by a properly authorized supervisor. I also agree to comply with all DCR rules and regulations.

I hereby release the Commonwealth of Massachusetts and the Department of Conservation and Recreation (DCR), and the Friends of The Blue Hills, (FBH), their employees, and agents from all claims, loss, damage, expenses and/or injuries, whether to person or to property, which may result from my actions while participating in volunteer activities or projects approved or sponsored by the Department. I further agree to indemnify, defend, and hold harmless the Commonwealth of Massachusetts and the DCR, and FBH, their employees, and agents from liability for any damage or injuries resulting from my actions while participating in volunteer activities or projects approved or sponsored by the Department or FBH, that are found to be outside the scope of approved activities or projects.

I acknowledge that, by participating in such volunteer activities and projects, I have not received an appointment to state service and I will not receive a salary or payment from the Commonwealth. As such, I understand that I am not entitled to Workers Compensation and that I cannot make any claims against the Department for any injury, loss, or damage to person (including bodily injury or death) or property suffered while involved in volunteer work or projects for the DCR and, further, that I will provide my own health insurance.

I recognize that MGL c. 21, §17G provides that, pursuant to the provisions, requirements, and limitations of MGL c. 258 and the guidelines adopted by DCR, I shall not be liable for injury or loss of property or personal injury or death caused by my negligent or wrongful act or omission while acting within the scope of my volunteer activities. However, I acknowledge that I will not be indemnified under MGL c. 258, §9 for intentional torts or for the violation of a person's civil rights. I also acknowledge that in any litigation, the final determination of whether a person is considered an uncompensated employee is made the Attorney General's Office.

This Release Form shall be valid for the date: \_\_\_\_\_.

Print Name: \_\_\_\_\_
Email: \_\_\_\_\_
Address \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Signature: \_\_\_\_\_

FBH Member: Y N Phone: \_\_\_\_\_
Emergency Contact
Name and Phone: \_\_\_\_\_

UNDER 18, Parent or Legal Guardian
Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_
Email: \_\_\_\_\_
Address \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Signature: \_\_\_\_\_

FBH Member: Y N Phone: \_\_\_\_\_
Emergency Contact
Name and Phone: \_\_\_\_\_

UNDER 18, Parent or Legal Guardian
Signature: \_\_\_\_\_

TURN SHEET OVER FOR MORE ENTRIES

Print Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

FBH Member: Y N Phone: \_\_\_\_\_  
Emergency Contact  
Name and Phone: \_\_\_\_\_

UNDER 18, Parent or Legal Guardian  
Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
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Signature: \_\_\_\_\_

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