County of Essex Environmental Center
WARNING, WAIVER, AND RELEASE OF LIABILITY

DATE: ________________

In consideration of being given permission to participate in the:

______________________________________________ (the “Event”) on

(date[s]) ___________________________supervised by ________________________________

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex or the Essex County Environmental Center as a result of my participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Environmental Center:

__________________________
SIGNATURE

__________________________
DATE

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

__________________________
PARENT/GUARDIAN SIGNATURE

__________________________
DATE

__________________________
WITNESS (Essex County Environmental Center Staff)

__________________________
DATE

Please forward signed copies of this waiver form to:

Risk Management
Office of the County Administrator
Hall of Records – Room 510
465 Dr. Martin Luther King Jr. Blvd.
Newark, NJ 07102

Putting Essex County First
ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER