THANK YOU FOR YOUR SERVICE!

What You Need To Know for Your Volunteer Session in Washington Square Park

Volunteers Must:

Sign a waiver

Wear work appropriate clothing, including

- Closed toed shoes (required!)
- Long pants (suggested)
- Weather appropriate

Gloves (required and will be supplied)

Please work only on the project assigned to you

We hope you’ll keep in touch with the Washington Square Park Conservancy.

Yes! Sign me up to receive newsletters about events, volunteer opportunities, and park related news.

Email: __________________________

Thank you!
TOUR THE PARK!
11:00 AM—12:00 PM

Following your volunteer session, join a Washington Square Park docent in a tour of the park. You’ll learn about the park’s rich history, some of the people who’ve made an impact on this space, and the current culture of this almost 200 year old public park.

Keep us with us on Social Media:

Facebook: Washingtonsquareparkconservancy
Twitter: WSPConservancy

Thank you!
New York City Department of Parks & Recreation and Washington Square Park Conservancy
Volunteer Participant Agreement, Agreement to Indemnify, & Risk Acknowledgment

In consideration of the services of each of the City of New York acting through the New York City Department of Parks & Recreation and the Washington Square Park Conservancy (hereinafter referred to as THE WSPC), as well as their agents, officers, participants, consultants, employees, and all persons or entities acting in any capacity on their behalf (hereinafter referred to as THE CITY), I now agree to release & discharge THE CITY and THE WSPC on behalf of myself, my children, my parents, my heirs, assigns, Personal representatives and estate as follow:

1: I acknowledge the activities of this program entail known & unanticipated risks, which could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. In an effort to minimize those risks I agree to follow all safety requirements and make use of any safety equipment provided.

THE RISKS INCLUDE, BUT ARE NOT LIMITED TO:
(1) Nature of the activity.
(2) Latent or apparent defects or conditions in equipment, or property supplied by THE CITY, THE WSPC, or other persons or entities.
(3) Use of equipment, or property supplied by THE CITY, THE WSPC, or other persons or entities.
(4) Acts of other participants in this activity, employees or agents of THE CITY or THE WSPC.
(5) My own physical condition, or own acts or omissions.
(6) Conditions of THE CITY’s facility & surrounding grounds or terrain and accidents connected with their use.
(7) First Aid emergency treatment or other services.

2: I expressly agree and promise to accept and assume all the risks existing in this activity. My participating in this activity is purely voluntary and I elect to participate in spite of the risks.

3: I hereby voluntary release, forever discharge, and agree to indemnify and hold harmless each of THE CITY and THE WSPC from any and all claims, demands or causes of action which are in any way connected with my participation in this program or my use of THE CITY or THE WSPC equipment or facilities, including any such claims which allege negligent acts or omissions of THE CITY or THE WSPC except if such claims, demands, or causes of action arise out of the gross negligence or willful misconduct of THE CITY or THE WSPC, respectively.

By signing this document, I acknowledge that if anyone is hurt, or property damaged during my participation in this program a court of law may find me to have waived my right to maintain a lawsuit against THE CITY and THE WSPC on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

For Volunteer Activities Dating: from ______________________ to ____________________
Participant’s Name: _________________________________________________________
Address: _________________________________________________________________
Phone: ______________________ Email: _______________________________________
Emergency Contact: _____________________________ Phone: ___________________

Signature of Participant: __________________________ Date: ________________