



ESSEX COUNTY TRAIL ASSOCIATION

Thank you for volunteering with ECTA! We appreciate your help in filling this form out so that we can be sure we have your information and can keep you informed of upcoming volunteer activities. Please be sure to sign the volunteer waiver on the back page.

Name: _____

Contact Information: (You do not need to fill out contact information if you pre-registered online)

Address: _____

Town: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact Information:

Name _____ Phone: _____

Age Group: under 18 18-35 35-50 over 50

Volunteer Interests:

- | | |
|---|---|
| <input type="checkbox"/> One-day Trail Work Projects | <input type="checkbox"/> Mapping |
| <input type="checkbox"/> Long-term Trail Work Projects | <input type="checkbox"/> Trail Signage |
| <input type="checkbox"/> Trail Walk (Ride/Bike) Leader | <input type="checkbox"/> Trail Steward (Trail Monitoring) |
| <input type="checkbox"/> Trail Work Day Leader | <input type="checkbox"/> Website Management |
| <input type="checkbox"/> Trail Mowing (May-Sept) | <input type="checkbox"/> Outreach Table at Events |
| <input type="checkbox"/> ECTAthlon (June) | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Fundraiser Party (Summer) | <input type="checkbox"/> Newsletter Articles |
| <input type="checkbox"/> Pan-Ipswich Challenge (date TBD) | <input type="checkbox"/> Legal Consulting |
| <input type="checkbox"/> Run for the Trails (September) | <input type="checkbox"/> Research |
| <input type="checkbox"/> Children's Events | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Construction Projects (Boardwalks/Bridges) | <input type="checkbox"/> Graphic Design |

Other skills you would like to share: _____

Are you a member of ECTA? Yes No If not, are you interested in becoming a member? Yes No

How did you hear about this event?

- | | |
|---|--|
| <input type="checkbox"/> ECTA Email | <input type="checkbox"/> Flyer/Poster |
| <input type="checkbox"/> ECTA Website | <input type="checkbox"/> REI Calendar or Email |
| <input type="checkbox"/> ECTA Facebook Page | <input type="checkbox"/> Friend |
| <input type="checkbox"/> BCA/AMC | <input type="checkbox"/> Other _____ |

I agree as follows: 1. I am volunteering my services for the Trail Work Day (“the Event”); 2. I will perform assigned tasks that are within my physical capability, and I will not undertake tasks that are beyond my ability; 3. I will not participate if under the influence of alcohol or any drug that could impair my physical or mental abilities; 4. I am familiar with the safe operation and use of any machinery, equipment and tools that I may utilize in connection with the Event, and I will not undertake to use any machinery, equipment or tools with which I am unfamiliar or which I do not know how to operate safely.

I understand and agree that neither Essex County Trail Association, the Town of Ipswich, nor any of their respective employees, officers, agents or assigns, (collectively referred to as “Released Parties”), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in the Event, or as a result of product liability or the negligence, whether passive or active, of any party, including Released Parties, in connection with the Event.

I understand that trail work involves certain inherent risks, including but not limited to, the risk of possible injury.

No known physical or health limitation prevents me from safely participating in this Event. In Consideration for being allowed to participate, I personally assume all risks, whether foreseen or unforeseen, in connection with the Event of any harm, injury or damage that may befall me as a participant.

If I am injured during the Event, I authorize any physician licensed in Massachusetts to perform such emergency treatment as he or she believes, in his or her sole judgment, may be necessary.

I agree to allow my image to be used in published materials and web sites that promote the programs of the Essex County Trail Association.

I am over the age of eighteen and legally competent to sign this liability release, or I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, this instrument is legally binding, and I have signed this document of my own free act.

I HEREBY RELEASE AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, BY ME, MY FAMILY, ESTATE, HEIRS, OR ASSIGNS, ARISING OUT OF PARTICIPATION IN THE EVENT, INCLUDING BOTH CLAIMS ARISING DURING THE ACTIVITY AND AFTER I COMPLETE THE ACTIVITY, AND INCLUDING CLAIMS BASED ON NEGLIGENCE OF OTHER PARTICIPANTS OR THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK.

Print Participant’s Name

Signature of Participant Date

**IF PARTICIPANT IS UNDER 18, THE PARENT (OR GUARDIAN, IF ANY) MUST SIGN.
I am the parent or legal guardian of the above participant and he/she has my permission to participate in Coastal Cleanup Day. I have read and agree to the provisions stated above for myself and the participant. Further, I understand and agree that the sponsors and organizers of the Event are not responsible for supervision of minor**

Signature of Parent or Legal Guardian Date