

dcr

Massachusetts



Department of Conservation and Recreation

**ICE STORM TRAIL CLEARING VOLUNTEER  
RELEASE FORM**

I understand the nature of the activities being conducted by (*name of organization*) as part of the trail clearing efforts at [*facilities*] occurring from [*date*] to [*date*].

I hereby release the Commonwealth of Massachusetts, including its Department of Conservation and Recreation, their current or former employees and agents, and volunteers from any and all liability, claims or demands, loss, damage, costs, expenses and/or injuries or death, whether to person or to property, of any nature or description, including but not limited to the use of power and motorized equipment, vehicles, hand tools and power tools, which may arise at or result from my participation, including the actions or failure to act associated with the supervision, projects and programs being undertaken on Department property.

\_\_\_\_\_  
(Sign) Volunteer

\_\_\_\_\_  
Print name of Volunteer

\_\_\_\_\_  
Date

Emergency name(s) and contact number(s). Please indicate the number that should be called first.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Project Leader

\_\_\_\_\_  
Contact Number