

## BMAP Work Party Waiver and Release of Liability

### And Photo Permission

In volunteering to participate in the Work Party today (hereinafter referred to as the “Activity”) on: \_\_\_\_\_, at: \_\_\_\_\_

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I acknowledge and agree to, on my own behalf, and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows:

1. I agree to assume all risks inherent in participation in this Work Party Activity, whether or not they are apparent to me. I am aware that injury or death may result from my participation in the Activity and from the use of the premises and facilities where this Activity is located or is to occur (collectively the “Activity Premises”)
2. I hereby release BMAP and its respective directors, volunteers, employees, landowner, and assigns (collectively, the “Releasees”) from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of property, theft or otherwise, which may arise as a result of my presence in, upon or about the Activity Premises or my use of the Activity Premises, including any and all claims for personal injuries caused by BMAP negligence.
3. I will indemnify and hold harmless the Releasees, collectively and individually, from any and all losses, liabilities, damages, demands, costs, causes of action and expenses that they may incur, for any reason whatsoever, which may arise as a result of my participation in the Activity, and my presence in, upon or about the Activity Premises.
4. I hereby grant full permission to BMAP to use photographs, videotape, motion pictures, and records of me, or any other record of this event, for any legitimate purpose without any monetary payment to me.

I acknowledge that I have read this Waiver and Release of Liability and Photo Permission, and that I fully understand the terms and that I have signed it freely and voluntarily without any inducement, assurance, guarantee or oral representation being made.

You will find my signature to this document on the roster form for this Workday Activity on the next page.

Roster for Work Party Activity on: \_\_\_\_\_  
at \_\_\_\_\_.

NAME (Please sign)

Telephone and/or email

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