

**LINCOLN COUNTY  
FORESTRY AND PARK/VOLUNTEER RELEASE**

NAME OF VOLUNTEER

BIRTH DATE

ADDRESS

TELEPHONE

CITY, STATE

ZIP CODE

**YOU WAIVE LEGAL RIGHTS BY SIGNING THIS DOCUMENT.  
PLEASE READ IT CAREFULLY.**

I wish to engage in volunteer forest/park/recreational improvement/development activities with the Lincoln County Forestry, Land & Parks Department. I acknowledge that this includes forest and/or park management/silvicultural activities, land management, building and construction and habitat conservation/construction which have inherent risks associated with each such activity in the field.

I acknowledge that these activities are inherently dangerous, that there are significant risks associated with each of them, and that those risks can result in accident, illness, injury, death, or property damage. I understand that those risks include, but are not limited to, natural hazards such as falling trees/limbs, uneven terrain, debris, vegetation, water and wild animals. I understand that those risks also include manmade hazards and that my safety will depend on the abilities, actions, physical condition, skill, strength and training of myself and others. I understand that there are other risks, known and unknown, associated with these activities; that all of the risks cannot be foreseen or eliminated; and that medical assistance or rescue may not be available.

I agree to assume the risk of any accident, illness, injury, death, or property damage incident to my volunteering activities. I release Lincoln County, its agents, boards, commissions, committees, departments, employees, officials and others (collectively "County") from any and all liability, including actions, causes of action, costs, charges, claims, damages, demands, expenses, fees, liens, losses, obligations, penalties, proceedings, and settlements of every kind and character for accident, illness, injury, death or property damage (collectively "Claims") and waive any and all Claims against County for or on behalf of myself and any other person for any accident, injury, illness, death or property damage from any cause whatsoever arising in connection with or directly or indirectly out of my volunteering activities.

**I HAVE READ AND UNDERSTAND THIS RELEASE. I UNDERSTAND THAT I AM NOT REQUIRED TO SIGN THIS RELEASE. I UNDERSTAND THAT SIGNING THIS RELEASE WILL RESULT IN THE LOSS OF CERTAIN LEGAL RIGHTS IN THE EVENT OF ACCIDENT, ILLNESS, INJURY, DEATH OR PROPERTY DAMAGE. I SIGN THIS RELEASE OF MY OWN ACCORD AND ACCEPT ITS TERMS.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**THIS SECTION MUST BE COMPLETED IF THE VOLUNTEER IS UNDER 18 YEARS OF AGE**

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PLEASE READ IT CAREFULLY.**

I am the parent or legal guardian of the minor volunteer named above. I have read the foregoing RELEASE. I am aware of the nature of forestry/land and park management/habitat conservation/ and construction/silvicultural activities as well as the dangers associated with those activities. I know the specific activities which my minor child will engage in. I give my consent for the named minor to engage in these activities.

I release Lincoln County, its agents, boards, commissions, committees, departments, employees, officials, and officers (collectively "County") from any and all liability, including actions, causes of action, costs, charges, claims, damages, demands, expenses, fees, liens, losses, obligations, penalties, proceedings, and settlements of every kind and character for accident, illness, injury, death or property damage (collectively "Claims") arising in connection with or directly or indirectly out of the minor volunteer's activities. I waive any and all Claims that I may otherwise have a right to bring against County for or on behalf of the minor, myself or any other person.

**I HAVE READ AND UNDERSTAND THIS RELEASE. I UNDERSTAND THAT I AM NOT REQUIRED TO SIGN THIS RELEASE. I UNDERSTAND THAT SIGNING THIS RELEASE WILL RESULT IN THE LOSS OF CERTAIN LEGAL RIGHTS IN THE EVENT OF ACCIDENT, ILLNESS, INJURY, DEATH OR PROPERTY DAMAGE. I SIGN THIS RELEASE OF MY OWN ACCORD AND ACCEPT ITS TERMS.**

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

RELATIONSHIP

Parent

Legal Guardian

CITY, STATE

\_\_\_\_\_

ZIP CODE

\_\_\_\_\_