

THE BOROUGH OF ORADELL AND NNJCF'S ARTSBERGEN ANNOUNCES A CALL FOR VOLUNTEERS TO PAINT OUTDOOR ART INSTALLATION

Through a grant from the Bergen County Division of Historical and Cultural Affairs, ArtsBergen is partnering with the Borough of Oradell to transform the gazebo area of Schirra Park by utilizing a designed set of asphalt decals strategically positioned to create an engaging and visually-pleasing space.

In helping create this public art exhibit, we are looking for Oradell Artists. If you are over 18 years old and have experience in painting / drawing please email these forms ASAP to: artsbergen@nnjcf.org.

Installation will take place on September 19, 2021 (raindate Sept 26, 2021)

Name: _____

Phone Number: _____

Address: _____

1. Are you 18 or over? _____

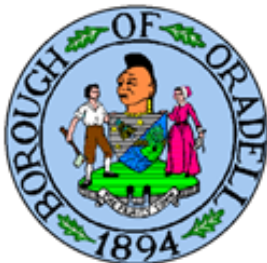
2. Do you have any drawing/painting experience? Please explain.

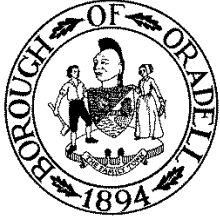
3. Which painting session is your preference?

a. 10 am – 1 pm _____

b. 1 pm – 4 pm _____

c. 10 am – 4 pm _____





VOLUNTEER

AGREEMENT TO ASSUME RISKS AND WAIVE AND RELEASE LIABILITY

Volunteer Participant Name (PRINT) _____ Age: _____

Address (street, town, zip) _____

In consideration of being permitted by the (SPONSOR) Borough of Oradell to participate as a Volunteer in events and/or functions, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participating in this Activity. This release is intended to discharge the (SPONSOR) Borough of Oradell, its officers, employees, agents, volunteers & committee members from any and all liability arising out of or connected in any way with my participation in the mentioned activity even though that liability may arise out of negligence or carelessness on the part of those parties.

I understand that my participation in this Activity may result in injury to me or loss of personal property. The risks of my participation include reactions to or illnesses resulting from insect bites; cuts and rash from exposure to poison ivy. I understand that the site being used may be wooded and inhabited by insects such as chiggers and ticks as well as wild animals.

If I am injured during this activity, I agree and authorize the SPONSOR, organizers or other volunteers of this activity to render medical or other services to me or request that others provide such services. I understand that by taking such action the SPONSOR, organizer and volunteers are not admitting any liability to provide or to continue any such services. I also understand that provision of such services does not constitute a waiver by the SPONSOR, organizers or volunteers of any rights under the agreement. I understand that if I require transport to a medical facility as a result of my participation in this activity, I am financially responsible for such transportation and medical costs. If I am injured during the Activity it is my responsibility to seek appropriate medical care and to notify the Project SPONSOR.

MY SIGNATURE BELOW INDICATED MY UNDERSTANDING OF AND AGREEMENT WITH THE CONTENT OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

Participant's Signature: _____ Date: _____

If participant is under 18, Parent Signature: _____ **Date:** _____

Parent's Printed Name: _____

Emergency Contact name & phone number: _____

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If you would like to be contacted about future events, please provide the information below:

Email – PLEASE print neatly: _____

Phone number(s) to best contact you: _____

If you do not have email, check here _____ and event information will be mailed to the address at the top of this form.