



**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF PARKS AND FORESTRY
STATE PARK SERVICE**



**STATE PARK SERVICE
ISLAND BEACH STATE PARK
LIABILITY FORM**

Date: _____

Name of Tour: _____

Naturalist: _____

Time: _____ **Weather:** _____

WAIVER: I understand that all possible precautions are taken to ensure that programs and activities at Island Beach State Park are conducted in a safe and responsible manner. I assume all risk and liability arising out of my volunteering activities and shall hold harmless Island Beach State Park (IBSP), the Division of Parks and Forestry, and any of their employees, for any accident, illness or injury that might occur.

PHOTO RELEASE: I hereby give Island Beach State Park and the Division of Parks and Forestry permission to use photographs of myself or child for promotional and/or educational purposes in printed materials, such as brochures, or on the IBSP and Division of Parks and Forestry's website with the understanding that no personal information will be shared.

Name & Phone #

Emergency Contact & Phone #
