



Lilac Preservation Project
Office | 80 White Street | New York, NY 10013
Berth | Hudson River Park's Pier 25
www.lilacpreservationproject.org

Volunteer Waiver & Release

I am pleased to volunteer to assist the LILAC Preservation Project in the preservation, restoration, repair, maintenance, interpretation and administration (“**Volunteer Activities**”) of the steamship LILAC. I know and acknowledge that the LILAC was once an operating ship and that working on LILAC involves potential **exposure to hazards** (which may include, but which are not limited to, the use of and/or exposure to hazardous materials, electrical fixtures, and tripping hazards) and that working in such an environment is **dangerous** and may result in **injury to me or even my death**. I also acknowledge that my participation in Volunteer Activities may result in **damage or loss to my property** and I acknowledge that I am solely responsible for the protection and security of any personal property that I may bring aboard the LILAC. By signing this **WAIVER AND RELEASE** I personally assume liability arising from my participation in Volunteer Activities.

I **do also waive and release, for myself, my heirs and executors**, any and all rights and/or claims for liability that I might otherwise have or acquire because of my participation in Volunteer Activities. I **do further**, for myself, my heirs and executors, specifically agree to hold the LILAC, the LILAC Preservation Project and its/their owners, officers, trustees, directors, contractors, advisors, incorporators, charterers, employees and volunteers **harmless from any and all claims** and/or liability that I may have or acquire because of my participation in Volunteer Activities.

Furthermore, I hereby **allow any photo or video documentation** of myself while on board LILAC to become property of LILAC Preservation Project and used at its discretion in any private/public forum thereafter.

Name of participant (print) _____ Date of Birth (mm/dd/yyyy) _____

Address: _____
Street City State ZIP

E-mail _____ Phone _____

Emergency Contact _____
Name Relationship Phone

Participant Signature _____ Date _____

Parent/Legal Guardian Signature (if under 18) _____ Date _____

Name of Parent/Legal Guardian (print) _____