Pacific Crest Trail Association
Volunteer Sign-In

Project Name: _____ **Project Date(s):** _____

Volunteer Group Name: _____

Project Location: _____

- I understand that I will not receive any compensation for my service and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits.
- I understand that all photos, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the Volunteer Services Agreement for Natural Resources Agencies, will become the property of the Pacific Crest Trail Association and the United States, and as such, will be in the public domain and not subject to copyright laws.
- I do hereby volunteer my services to assist in agency-authorized work. I agree to follow all applicable safety guidelines.
- I do hereby, for myself, my heirs, executors and administrators, release and forever discharge and hold harmless Pacific Crest Trail Association and all officers, directors, employees, agents and volunteers of the organization, including the owners and leasers of premises used to conduct the event acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my participation in the event.
- California Department of Parks & Recreation (CDP&R) does not provide Workman's Compensation for work injuries. Volunteers are covered under the Federal agency that the easement is granted to from CDP&R, either the U.S. Forest Service or Bureau of Land Management.
- Volunteers under the age of 18 must have a parent or guardian complete and sign a separate Participant Waiver and Emergency Medical Release.
- I understand the health and physical condition requirements for doing the work as described by the crew leader and at the project location, and certify that I know of no medical condition or physical limitation that may adversely affect my ability to provide this service. *If I do know of a medication, medical condition or physical limitation that may adversely affect my ability to provide this service, I have explained it to the crew leader and/or first aid lead.*

Roundtrip Travel Time	Volunteer Name (please print)	Volunteer Signature	Date

v. February 25, 2014