

## **Release from Liability and Indemnification Agreement**

IN CONSIDERATION of being permitted to participate in visitation at Hart Island including transportation, on site visitation to the actual burial plot, or approximate area thereof, of my family member and/or person known to me personally, located on Hart Island:

I represent that I am at least 18 years of age or older, I am competent to enter into this agreement and that I also represent any child under my supervision accompanying me to Hart Island. I fully understand and acknowledge that Hart Island is under the control of New York City Department of Parks and Recreation (“NYC Parks”) and is not a recreational area or park, and that there may be risks and dangers in visiting Hart Island.

I fully understand and acknowledge that I enter, travel upon and remain on the premises and property of NYC Parks at my own risk.

I agree to act responsibly during the visit and while walking in the area near the burial plot and surrounding area.

I agree at all times to act in a responsible manner to safeguard my own health and safety, and refrain from anything which poses a risk to myself or others.

I agree to carefully read and obey all posted and verbal warning signs and instructions, Park Ranger or transportation operator instructions, and any recorded safety messages.

I agree that in order to walk to the Hart Island burial plot that I will visit, it may be necessary to traverse walkways, trails, natural areas, and paths (collectively ‘paths’) subject to weather patterns or that are under construction. These paths may be uneven, contain loose gravel, potholes, and/or debris. I, and any children under my supervision, will watch our footing. I, and any children under my supervision, will stay away from and out of areas that are off limits.

I agree to follow the instructions of the Park Rangers or transportation operators, and that I understand other dangerous and potentially concealed conditions may also exist, including, but not limited to, exposure to dangerous chemicals, wild animals, collapsed building structures, spikes or pipes in the ground, or large or small holes, some, or all of which may not be readily visible

NYC Parks will not be responsible for any property loss, damage, or physical or psychological injury or death arising from any cause other than the intentional infliction of injury by NYC Parks and City personnel. Other than under such circumstance, I will not hold the City of New York or its employees, officers, or agents liable. I hereby release and discharge the City of New York and its employees, officers, and agents to the extent permitted by law from all claims which I now or at any time have in connection with my visit to a burial plot on Hart Island. The decision to visit an actual burial plot on Hart Island is my own, and has been made after full disclosure of all risks.

I hereby agree TO RELEASE, WAIVE, and PROMISE not to sue the CITY OF NEW YORK, OR ITS EMPLOYEES, OFFICERS, OR AGENTS (the "Releasees") for all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or demands therefor, on account of injury to the person or property or resulting in death of the undersigned, whether caused by the acts, omissions, or negligence of Releasees or otherwise while the undersigned is visiting Hart Island for the purpose of visiting an actual burial plot.

I hereby agree TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur due to visit of the undersigned to an actual burial plot on Hart Island, and whether caused by the negligence of the Releasees or otherwise.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**FOR MINOR PARTICIPANT:**

Print Full Name of Minor: \_\_\_\_\_

Print Full Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ / \_\_\_\_\_

**EMERGENCY CONTACT:**

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

Print , Sign and Date