



ISLAND BEACH STATE PARK Liability Release



EACH person participating in an ISBP program must complete and sign this form prior to participation.

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Do you have any special needs that we will need to know about in advance to accommodate you during the program?

Is there anything about your health you would like us to know in case of an emergency?

Photo Release

I 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 NIBSP and Division of Parks and Forestry's website with the understanding that no personal information will be shared.

YES NO

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. However, I further understand and agree that Island Beach State Park and its staff cannot be held liable for any accident, illness, or disease that might occur.

Signature: _____

Date: _____

Parent or guardian signature if under 18 years of age