Center for Community Engagement
Sign-in Form

Event: ________________________________
Date: ________________________________
Team Leader: _________________________
Hours on Site: _________________________

Liability and Photo Release: In consideration of my desire to serve as a volunteer on behalf of SUNY Cobleskill, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in this voluntary effort. Further, I hereby release, waive and discharge The State University of New York College of Agriculture and Technology at Cobleskill and the State of New York and its officers, directors, employees, agents and volunteers of and from any and all claims which I may have against any of the above for arising in connection with volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action. I also hereby grant permission for SUNY Cobleskill to take and publish/distribute photographs made while participating in community engagement projects and to allow use of said photographs for the purpose of publicizing SUNY Cobleskill and the activities of the Center for Community Engagement. I have carefully read the foregoing, understand the contents thereof and sign this release as my own, free act.

Print Name   Signature   Phone   E-Mail
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________
7. ________________________________________________