

NON-DISCLOSURE AGREEMENT
Working Together for New Jersey coalitions

IN CONSIDERATION OF my obligation to protect the privacy of others while participating in the election integrity efforts of the **Working Together for New Jersey coalitions** (hereinafter referred to as the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I UNDERSTAND THAT I AM A VOLUNTEER IN THIS ACTIVITY and that "Working Together for New Jersey" is a coalition of volunteers, and that the Election Integrity effort is a nonpartisan citizen volunteer coalition.

NON-DISCLOSURE: Individuals who work with the coalition, by signing this agreement, agree to an honor system and pledge to protect the voter personal information that may come to their attention or with which they may work. As required by New Jersey law as a condition of access to public voter information, and as a volunteer with the Working Together coalition, I understand and acknowledge that no person shall use voter registration lists or copies thereof prepared pursuant to this section as a basis for commercial solicitation of the voters listed thereon. I acknowledge that under the law, "Any person making such use of such lists or copies thereof shall be a disorderly person, and shall be punished by a fine not exceeding \$500.00", which would be a personal obligation.

CONFIDENTIAL NATURE: I pledge that I will consider the information I see and work with as personal, confidential information of the voter(s) involved, and will not share any of the information outside of the Working Together for New Jersey Election Integrity project."

RESPONSIBILITY: I further acknowledge and accept full personal liability for any misuse of this information by myself or by anyone under my personal direction.

I acknowledge that I am personally responsible for any injury which might occur while I volunteer in this capacity, that this is a volunteer coalition without insurance, and that I accept personal responsibility for any injury which may occur to me or any member of my family volunteering with me. By signing this Agreement, I agree to hold harmless the Working Together for New Jersey coalition or any of its volunteers with regard to any mental or physical injury I may sustain while volunteering in this capacity.

Signature: _____ Date: _____

Printed Name: _____ Cell Phone # _____

Home Address: _____
_____ County: _____

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*Each volunteer working with us is required to accept these terms before they can access voter information.
Thank you.*

RETURN FORM TO: Working Together for NJ, c/o 6 Cove Lane Rd., Whippany NJ 07981
Rev 1/3/22

WAIVER AND RELEASE OF LIABILITY

Working Together for New Jersey coalitions

IN CONSIDERATION OF the risk of injury that exists while participating in the election integrity efforts of the **Working Together for New Jersey coalitions** (hereinafter referred to as the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor", "I", or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge the Working Together for New Jersey coalitions (hereinafter referred to as "Releasee"), located at 181 New Road Ste 304, Parsippany, NJ 07054, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, INFECTION, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of releasees. In the event that I should require medical care or treatment, I authorize the Working Together for New Jersey coalitions to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health and automobile (if used) insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve outdoor activity, and may carry with it the potential for death, serious injury, infection or property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Working Together for New Jersey coalitions official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE WORKING TOGETHER FOR NEW JERSEY COALITIONS AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS,

REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE WORKING TOGETHER FOR NEW JERSEY COALITIONS FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of the Working Together for New Jersey coalitions, its agents, and employees.

I agree that this Release shall be governed for all purposes by New Jersey law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

RELEASOR (Volunteer):

Signature

Home Address

Printed name

City / State / Zip

Date

Cell Phone #

County

RELEASEE (for the Working Together for New Jersey coalitions):

Signature

Printed name

Date

*Each volunteer working with us is required to accept these terms to protect other volunteers.
Thank you.*

RETURN SIGNED FORM TO: Working Together for NJ, c/o 6 Cove Lane Rd., Whippany NJ 07981