



Hudson River Park Trust

Mail to:
Education Program Coordinator
Hudson River Park Trust
Pier 40
353 West Street, 2fl.
New York, NY 10014
or Fax to: 212-627-2021

Waiver for Class Trip

Date of Visit: _____

Time: _____

Teacher's Name: _____

(Please fill in organization name in blank spaces)

_____ hereby represents and warrants that we have obtained authorization and a liability waiver for visiting Hudson River Park Trust (HRPT) facilities as part of a program.

New York City Department of Education (“DOE”) is a self-insuring municipal corporation and does not maintain insurance policies. In connection with the subject field trip taking place in Hudson River Park, the DOE acknowledges its responsibilities for the negligent acts and/or omissions of its pupils, agents and employees while on the premises of Hudson River Park. Moreover, the DOE will indemnify and save harmless Hudson River Park Trust, the People of the State of New York, the New York State Executive Department, the New York State Office of Parks, Recreation and Historic Preservation, the New York City Region of State Parks, Recreation and Historic Preservation Commission, the Department of Environmental Conservation, the City of New York, the New York City Department of Parks and Recreation, and each of their commissioners, officers, agents, employees, successors and assigns (“Indemnitees”) from and against any and all liabilities, arising from such negligence.

_____ hereby acknowledges HRPT’s reservation of the right to photograph participants and to use such material in any future Hudson River Park materials.

Authorized Signature: _____

Date: _____