

**CANNON RIVER WATERSHED  
RIVER CLEANUP  
September 18, 2010**

**RELEASE OF LIABILITY BY A VOLUNTEER**

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

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

City, State, Zip: \_\_\_\_\_

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

Location : \_\_\_\_\_

**This document must be signed by all volunteers. If the volunteer is under the age of 18, this document must be signed by his or her legal guardian.**

In consideration of my participation as a volunteer in the Cannon River Watershed Cleanup activities at the above-described site, I state and agree as follows:

- I agree to follow the instruction of the activity leader.
- I understand that my participation in the cleanup may involve sustained strenuous physical activity.
- If I am using a canoe, I do so at my own risk.
- I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the activity. I also understand that medical attention may not be readily available.
- I agree that I am participating in the activity at my own risk, and acknowledge that the cleanup sponsors have made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.
- I agree to waive and release all cleanup sponsors and their officers, directors, and employees, as well as other volunteer participants, from any and all claims, liabilities, losses, damage, costs and expenses resulting from any injury to me or damage caused by my failure to follow instructions.
- I have thoroughly read and understand the safety tips.
- I understand this form and I also give my permission to cleanup organizers to use any photographs of me for promotional purposes without obligation or liability to me.

My signature below affirms that I have read and understand the above document and that I voluntarily, freely and without duress agree to its terms:

Participant:

Legal Parent/Guardian:

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

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

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

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

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

Emergency Information: In case of emergency, please call:

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

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

Allergies: \_\_\_\_\_