

WHITE RIVER WATERSHED PARTNERSHIP ("WRWP")

VOLUNTEER WAIVER, RELEASE OF RIGHTS, AND EMERGENCY TREATMENT AUTHORIZATION FORM

1. Name of Activity: \_\_\_\_\_

2. Date of Activity: \_\_\_\_\_

3. Name of volunteer: \_\_\_\_\_

4. Name of Parent/Guardian if volunteer is under 18 years of age: \_\_\_\_\_

5. I am interested in volunteering to participate in the Activity. I understand that the Activity can be hazardous, and that I may be harmed or injured while participating in the Activity, being present at or near the location of the Activity, or arriving at or returning from the Activity, perhaps in unexpected ways.

6. I understand that the WRWP makes no representations or warranties as to the safety of the Activity and is not an insurer of my safety. I also understand that the WRWP does not control the location of the Activity, or the land/water on which it occurs. Furthermore, I understand that there is no insurance coverage for the Activity.

7. Having considered the potential risks and knowing that there may be risks of which I am unaware, I willingly volunteer to participate in the Activity, and I agree to waive any claim I may have, or which might accrue, against the WRWP based in any way on my participation in the Activity. Furthermore, I release the WRWP from any potential liability and shall hold the WRWP harmless from and agree not to sue the WRWP for any damages, harm or injury I suffer while participating in the Activity.

8. If I am injured so as to require emergency medical treatment, and if my family member(s) cannot be contacted easily to authorize treatment, I authorize emergency medical treatment for myself so that I will not go without proper medical care.

9. An adult must accompany all volunteers under 12 years of age.

10. I consent to my photograph being taken while participating and for these images to be used in WRWP training, web, informational, and promotional materials. If you do not consent for this, please cross out this line.

Volunteer's Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if volunteer is less than 18 years of age)

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

Emergency Contact Information

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_