

Rappahannock River Cleanup

MEDICAL RELEASE, PHOTO RELEASE, & LIABILITY WAIVER FORM

Voluntary - My participation in this River Cleanup is voluntary. I will select the activities in which I will participate. I will choose activities that are within my physical capacities. I will stay away from the water if I cannot swim, am not wearing a Personal Floatation Device (Life Jacket) and/or if I have any open cuts.

Assumption of Risk - I realize that during this Cleanup, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to (a) clean up slippery stream and river banks, (b) canoe in or wade in streams or rivers that may contain strong currents or uneven bottoms, (c) clean up near highways or roads, (d) cut vegetation with sharp tools, (e) pick up sharp items, and (f) clean up in or near a stream or river that may contain harmful pollutants, bacteria, or parasites. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could: (a) receive cuts and abrasions, (b) lose personal property such as watches or jewelry, and (c) suffer serious bodily injury.

Waiver - I release Friends of the Rappahannock (FOR), Stafford County Learn and Serve (L&S), sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims of any kind that relate to my participation in the Cleanup. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold FOR, L&S, sponsors, organizers, volunteers, and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the Cleanup.

Medical Treatment - If I am injured during the Cleanup, FOR, L&S, organizers or volunteers of the Cleanup may render medical services to me or request that others provide such services. By taking such action, FOR, L&S, organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by FOR, L&S, organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the Cleanup, it is my responsibility to seek appropriate medical care and to notify the Cleanup organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this event.

Pictures - I agree that any pictures or videos taken of me or my children/dependents during the Cleanup can be used by FOR and L&S for future promotional campaigns.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

Print Participant Name

Print Parent/Guardian Name (if participant is under 18)

Signature

Date

Parent/Guardian Signature

Date

Phone: _____

* Will parent/Guardian be present? _____

Address: _____

* If NO & participant under 16, print chaperone name: _____

Email: _____

Emergency Contact Person & Phone #: _____

PLEASE SEND ME INFORMATION ON RIVER PROGRAMS AND ACTIVITIES