

Volunteer Release of Liability and Assumption of Risk Agreement

Return all waivers to American Rivers at:	Name of Volunteer (p	Name of Volunteer (please print):		
1101 14 th Street NW, Suite 1400 Washington, DC 20005 Fax: 202-347-9240	Address			
	Address: City: Zip:			
Email: nrc@americanrivers.org			Zip	
Organizer's Name:				
("Volunteer"), acknowledge, appreciate, and agree that: 1. I am donating my time and services without any compens contractor of, American Rivers, Inc. for this event. I hereby	acknowledge that I have not expe	erienced any CO	VID-19 symptoms or any	
communicable disease symptoms within the last 14 days as https://www.cdc.gov/coronavirus/2019-ncov/symptoms-test	set forth by the Center for Diseas ing/symptoms.html. Further, I ha	e Control and Pr	revention (CDC),	
household been, diagnosed with COVID-19 within the past	14 days.			
2. I understand that American Rivers, Inc.,	ivities involved in this program n ssume all such risks, both known asibility for my participation and	nay be significar and unknown, e	nt, including the potential ven if arising from the	
3. I willingly agree to comply with terms and conditions for presence or participation, I will remove myself from participation.	pation and bring such to the attent	ion of the neare	st official immediately. In	

- 3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual and significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. In the event of an emergency, I authorize Releasees' employees or agents to secure any treatment deemed necessary for my immediate care from any licensed hospital, physician, or medical personnel. I agree that I will be responsible for payment of any and all medical services rendered.
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, waive, discharge, indemnify, and hold harmless Releasees and their officers, agents and/or employees, other participants, sponsors, advertisers, partners, and, if applicable, owners and lessors of premises used to conduct the event, from any and all claims, demands, losses, and liability arising out of or related to any injury, hospitalization, disability, or death I may suffer, including that arising from my contracting and transmitting COVID-19 while participating in this activity or while using facilities in conjunction with this activity, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
- 5. I hereby acknowledge that I have been advised to consult a physician before engaging in such activities and that I am aware that my participation in this activity may present risks to my personal health and illness, such as, but not limited to contracting COVID-19, which in turn may cause injury, disability, death, hospitalization, or other adverse health effects. I fully understand the risks inherent to my participation in this activity and that I may be exposed to and contract COVID-19 while participating in this activity even if preventative measures are taken.
- 6. I grant to Releasees and their representatives and employees, the right to take photographs and videos at this cleanup of me and of any minor participants for which I am the parent or guardian. I authorize Releasees, and their assigns and transferees, to use such photographs and videos, with or without names, for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content, and to copyright, use and publish the same in print and/or electronically.
- 7. Any dispute between American Rivers and me will be governed by the substantive laws of the District of Columbia. Any action or proceeding arising hereunder shall be brought in the courts of the District of Columbia.



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I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. Participant Signature Age Date In case of emergency please contact: Emergency Contact Name **Emergency Contact Phone Number** FOR PARENTS/GUARDIAN OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF **REGISTRATION**) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. Parent/Guardian Name (print) Phone number Parent/Guardian Signature if under 18 years old Date