



Clinton River Watershed Council Volunteer Application & Waiver

Clinton River Watershed Council -- 1115 W. Avon Road, Rochester Hills, MI 48309
(248) 601-0606; contact@crwc.org; www.crwc.org

Contact Information

First Name:		Last Name:		Date of Birth:
Street Address:		City:	State:	Zip Code:
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Mobile Phone		<input type="checkbox"/> E-mail
<i>^^*Please let us know the best way to contact you by checking the desired box(es) above*^^</i>				
Emergency Contact:		Relation:		Emergency Contact Phone:

RELEASE OF LIABILITY/AGREEMENT NOT TO SUE

VOLUNTEER ACTIVITIES

This Document Affects Your Legal Rights; Read It Carefully

I, _____
(Please print your name)

AM AWARE THAT VOLUNTEER ACTIVITIES INCLUDING WADING, KAYAKING AND CANOEING INCLUDE CERTAIN RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS INVOLVED.

PLEASE INITIAL _____

In consideration of being allowed to participate in cleanup and/or water monitoring events for The Clinton River Watershed Council (CRWC):

- I agree that I will not sue, or otherwise make any claim against CRWC, any other sponsors/ providers or their employees, agents and contractors, for any loss, injury or damage resulting from participation in the above mentioned events.
- I agree that CRWC, any other sponsors/providers and their employees, agents and contractors, shall not be legally responsible for any loss, injury or damage resulting from any cause, including negligence of any party.
- I agree that use of the kayak or canoe will be according to the rules and instructions of CRWC and any other sponsors/providers, including WEARING Personal Flotation Device (PFD) whenever I am on the water.
- I agree that any equipment that I provide or may borrow from CRWC or any other sponsors/ providers during this activity, I use at my own risk. I understand and agree that CRWC and any other sponsors/providers shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. CRWC and any other sponsors/providers make no warranties of any kind regarding this equipment.
- 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.

6. The terms of this Release shall also be binding as to any other persons, including all family members, heirs, executors or administrators, and including any minors that may accompany me. I understand this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect.

7. Background check: I understand that a criminal history check may be obtained prior to my appointment as a volunteer. My signature below certifies that I agree to a criminal history check and agree to provide CRWC with my date of birth.

Unless otherwise noted, I also give permission to be photographed, and CRWC and any other sponsors/providers may use the images for promotional and other uses.

Date: _____

Participant Signature: _____

* Guardian Signature: _____

(Must also be signed by parent or legal guardian if participant is a minor.)