



Participant Waiver and Release From Liability

I, the undersigned, am a volunteer participant or being the parent or legal guardian of such a volunteer participant, in the Clinton River Watershed Council's Adopt-A-Stream program. In consideration of my participation in such program, (or that of any volunteer participant for whom I am a parent or legal guardian), I hereby release, discharge, hold harmless and forever acquit the Clinton River Watershed Council, and their officers, agents, representatives and employees from any and all claims, demands, damages, rights of action, causes of actions, or any liabilities whatsoever, however caused, known or unknown now existing or which may arise in the future, on account of or in any way related to or arising out of participation in today's training event or my future involvement as a volunteer Adopt-a-Stream monitor. Further, I assume all liability of any non-participants who may accompany me.

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.

Participant's name _____

Address _____

Phone _____ Participant's age _____

Participant's signature _____ Date _____

If Under 18, Participant's parent or legal guardian's name _____

Participant's parent or legal guardian's signature _____ Date _____

Emergency medical treatment authorization for minor child:

In case of an injury to my minor child who may require emergency treatment and I/we (parent/guardian) cannot be easily reached to authorize treatment, I/we hereby authorize emergency medical treatment for my/our minor child so that he/she will not go without proper medical treatment. We are of the understanding that we will be notified at the earliest possible time.

Medical insurance company _____

Plan/hospital insurance number _____

Printed name of child _____

Parent/guardian's signature _____

Date _____ Telephone number _____

You must sign this liability waiver to participate in the Adopt-a-Stream program!

101 Main St., Suite 100 Rochester, MI 48307
248-601-0606; Fax 248-601-1280