

# RIVER DAY 2020

## Participant Waiver and Release Form Liability

I, the undersigned, am a volunteer participant or the parent or legal guardian of a volunteer participant who is participating in \_\_\_\_\_. In consideration of my participation in such event, 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 the event. Further, I assume all liability of any non-participants who may accompany me.

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 today's event!*