

Creek Clean Up  
April 27, 2019

WISSAHICKON VALLEY WATERSHED ASSOCIATION, aka WVWA  
WAIVER AND RELEASE OF LIABILITY FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that participation in WVWA activities involves a certain degree of risk and can be physically demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity.

**I HEREBY ASSUME ALL RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS EVENT.** I certify that I am physically fit and that there are no health-related reasons or problems, which preclude my participation in this activity or event.

In consideration of my volunteering and/or participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

I WAIVE, RELEASE, HOLD HARMLESS, PROMISE NOT TO SUE AND DISCHARGE WVWA, its directors, officers, employees, volunteers, representatives, and agents, from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for serious injury, death, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, event officials, and event monitors, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and /or illness during this activity or event.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I understand that at this event I or my child may be photographed. I agree to allow any such photo, video, or film likeness to be used for any legitimate purpose by WVWA, its sponsors, organizers, and assigns. \_\_\_\_\_(initial)

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Print Participant's/Volunteer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if under 18 years old, Parent or Guardian must also sign)  
must also sign)

\_\_\_\_\_  
Date