ANACOSTIA WATERSHED SOCIETY – RELEASE AND WAIVER OF LIABILITY

All educational and volunteer event participants ***must*** read and sign below.
PLEASE PRINT LEGIBLY.

I understand that participation in Anacostia Watershed Society (AWS) activities is entirely voluntary. I understand that AWS volunteer events might involve light physical exertion—such as bending, lifting, and digging—and voluntary or involuntary contact with harmful plants and animals. I know and understand the risks involved in the above-named activities, and I know and understand that unanticipated dangers might arise. I hereby release AWS from any responsibility for injury which might occur as a result of my participation in AWS activities, except that AWS shall not be released from potential claims for the negligent acts of their agents, servants, employees, or volunteers acting on behalf of AWS.

By signing below, I give permission for me/my child to participate in AWS activities. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me or my child, and also permit such treatment procedures to be carried out by the local hospital(s) for me or my child in the event of any emergency.

I further agree that my/my child's photo, image or likeness may be used for future Anacostia Watershed Society projects, such as a video, documentary or print publication, and I hold said entities harmless in the use of my/my child's photo or image.

I also give my permission for AWS and/or its representatives to send me messages about programs and activities sponsored by the organization and/or its partners at the e-mail address supplied below. I understand that AWS will never sell, or rent my personal information without my advanced consent. I also understand that I will always have the option to stop receiving e-mail messages from AWS at any time and under any circumstances.

Participant's Name (First and Last)

Organization (If applicable)

Participant's Street Address

City State Zip

(Circle one) Participant's Phone Number
Home Cell Work - -

Date of Event
M M - D D - Y Y Y Y

Participant's Email:

***Please list any medical conditions about which the field staff should be aware:**

Participant's Signature:_____

Parent/Guardian's Signature if under 18 years old: _____

ANACOSTIA WATERSHED SOCIETY

Emergency Contact Name: _____

Emergency Phone: - -