

Waiver of Liability and Express Assumption of Risk

I, the undersigned, being of lawful age or the parent or legal guardian of the participant involved in the Inland Empire Waterkeeper March 13, 2010 trash cleanup (hereinafter "Program"), in consideration of the opportunity to participate in the Program, do hereby RELEASE, DISCHARGE, AND HOLD HARMLESS, Inland Empire Waterkeeper and Orange County Coastkeeper and any officer, agent, and/or employee of any one of them FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS, OR ANY OTHER LIABILITIES WHATSOEVER, KNOWN OR UNKNOWN, OR WHICH MAY ARISE IN THE FUTURE ON ACCOUNT OF, OR RELATING TO OR ARISING OUT OF PARTICIPATION IN THIS PROGRAM. **THE UNDERSIGNED UNDERSTANDS THERE ARE RISKS IN PARTICIPATING IN THIS PROGRAM**, including the risk of possible injury or loss of life as a result of contact with hazardous materials, scientific equipment, boats, wild animals, poisonous plants, snakes, or from over-exertion or environmental conditions, including but not limited to flooding, rockslides or dangerous terrain. Despite these risks the undersigned wishes to proceed and freely accepts and expressly assumes all risk, dangers and hazards that may arise from participation during the duration of the Program. The undersigned acknowledges that the participant has received and read appropriate instruction regarding the Program, including appropriate safety and emergency procedures, and that the participant fully understands those instructions and is capable of and agreeable to following them. In addition, in any actions undertaken during this Program the participant agrees to use only the supplies, tools, and equipment provided by Inland Empire Waterkeeper and understands such equipments intended use. The undersigned knows of no physical disorder which should keep the participant from undertaking the activities associated with the Program, and will not participate if under the influence of alcohol or any drug that could impair his or her physical or mental abilities. The undersigned acknowledges that, as an independent volunteer, the participant will not be considered an employee of Inland Empire Waterkeeper and will have no claims to any Workers' Compensation coverage there under. If the participant should become injured while participating in the Program, the undersigned authorizes any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. Additionally, I authorize that photos taken during the program may be used by Inland Empire Waterkeeper for its promotional purposes.

I HAVE READ THIS AGREEMENT. I UNDERSTAND IT. I AGREE TO BE BOUND BY IT.

Name of Participant: _____ **Date:** _____

Signature of Participant or Parent (if participant is under 18 years of age):

Emergency Contact Phone Number: _____

Email (Optional to be added to our e-news list): _____