Assumption of Risk/Waiver of Claim

By signing below, I verify that I understand the nature of the work involved in this project and I agree to follow all program instructions and safety guidelines as outlined by the Dan River Basin Association and will not hold DRBA or any of its partners responsible for any damages or injuries you may cause or suffer.

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements. **I have and will make use of the orange safety vests provided to me by the Dan River Basin Association.**

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity. I further understand that there may be a risk of injury traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the Dan River Basin Association, or any officer, board member, or employee of the Dan River Basin Association, or any volunteer, or the estate or representatives of such person(s) for any personal injury, damages or loss I might sustain or cause as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract or otherwise;

I understand that photographs may be taken during this event. I grant to DRBA, its representatives and employees the right to take photographs of me and any minors in my company in connection with this activity. I authorize DRBA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that DRBA may use such photographs of me and any minors in my company, with or without my name, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Date_____

PLEASE PRINT CLEARLY!: I, _____ , wish to participate in DRBA's Storm Drain Stenciling Program through a project led by my group/organization leader.

Are you a DRBA Member? ___Yes ___No

PLEASE READ CAREFULLY BEFORE SIGNING

X_____ _____

Signature of Participant Signature of Parent/Guardian (If Participant Is Under 18)

_____

Address **City** **State** **Zip**

_____ _____

Phone **Email (for future notices)**

I have the following **physical impairments** or **medical conditions**, including allergic reactions:

_____

_____

Name of Individual to **contact in case of emergency**:

_____

Address _____

Phone _____

I grant permission for the event coordinator to seek medical attention should the need arise and parent/next of kin cannot be reached by telephone.

Revised 10/2015