

Participant Release of Liability and Assumption of Risk Agreement

Return all waivers to American Rivers after cleanup. Fax: 202-347-9240		Name of Volunteer (please print):		
nrc@americanrivers.org		Address:		
1101 14 th Street NW, Suite 1400		City:	State:	Zip:
Washington, DC 20005 Attn:NRC Manag	ger	Phone:	5.5.5.	—.p.:
Organizer's Name:		Email:		
		City State of V	olunteer Activity:	
		Only, Oldio of V	oldinool / lotivity.	
No, American Rivers cannot contact me	regarding this ever	nt, National River C	Cleanup, or American F	Rivers' events.
In consideration of being allowed to participat acknowledge, appreciate, and agree that:	te in any way in the	e program, related	events and activities, I	the undersigned,
1. I am donating my time and services withou independent contractor of American Rivers for be significant, including the potential for permanents.	or this event. The r	risk of injury from th		
2. I knowingly and freely assume all such risk releases or others, and assume full responsi			arising from the neglig	ence of the
3. I willingly agree to comply with terms and omy presence or participation, I will remove m immediately				
4. I, for myself and on behalf of my heirs, ass hold harmless American Rivers, other participants, sponsors, advertisers, parevent (RELEASEES), from any and all claims disability or death I may suffer, or loss or dan releasees or otherwise, to the fullest extent p	tners, and, if applic s, demands, losses nage to person or p	and its cable, owners and s, and liability arisir	officers, agents and/or lessors of premises us ng out of or related to a	r employees, ed to conduct the any injury,
5. Any dispute between American Rivers and action or proceeding arising hereunder shall				of Columbia. Any
6. I grant to American Rivers, its representati of any minor participants for which I am the p to use such photographs, with or without nan illustration, advertising, and Web content, and	parent or guardian. nes, for any lawful	I authorize Americ purpose, including	can Rivers, its assigns for example such purp	and transferees poses as publicity,
I have read this release of liability and ass I have given up substantial rights by signi				
X				
XParticipant Signature	Age	Date E	Emergency phone num	nber
FOR PARENTS/GUARDIAN OF PARTICIPA This is to certify that I, as parent/guardian wit release as provided above of all the Release indemnify and hold harmless the Releases fri participation in these programs as provided a RELEASEES, to the fullest extent permitted by	th legal responsibil s, and, for myself, l om any and all liab lbove, EVEN IF AR	ity for this participa my heirs, assigns, illity incidents to my	ant, do consent and ag and next of kin, I relea y minor child's involver	ree to his/her se and agree to nent or
X	 	to Emer	gency phone number	
rareni/Guardian Signature ii under 18 years	Da	ire Eillei	gency priorie number	