

**Volunteer Acknowledgment, Waiver & Release from Liability**

Volunteer information (please fill out form completely)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**ALL VOLUNTEERS MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY.**

I accept and clearly understand that there are inherent and other risks involved in performing physical activities of any nature. I certify that I am physically fit for the event (s) and volunteer opportunities sought (collectively the "Activities" and individually a "Activity") and have not been advised by a physician to refrain from engaging in such activities. I confirm that I have the requisite skill set to competently and safely perform the Activities. If at any time I feel that the Activity which I am performing is beyond my skill set I certify that I will immediately cease performing the Activity and notify the Klamath Watershed Partnership through its board of directors, officers, managers, agents, employees or volunteer project manager, of such. I accept and acknowledge the risks involved in performing the Volunteer Activities and I knowingly and freely assume those risks.

In consideration of the opportunities to participate in an event and/or serve as a volunteer for the Klamath Watershed Partnership, and the opportunities to participate in Activities, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim and/or sue on my behalf or on behalf of my heirs and assigns, and I expressly acknowledge that it is my intent to take these actions:

(A) I WAIVE, RELEASE, AND DISCHARGE THE FOLLOWING PERSONS OR ENTITIES: KLAMATH WATERSHED PARTNERSHIP, ITS BOARD OF DIRECTORS, OFFICERS, MANAGERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (THE "KLAMATH WATERSHED PARTNERSHIP") FROM ANY AND ALL CLAIMS, ALLEGATIONS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, LOST WAGES, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT, OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSSES, WHICH MAY IN THE FUTURE ARISE OUT OF OR RELATE TO MY PARTICIPATION IN OR TRAVELING TO OR FROM ACTIVITIES, REGARDLESS IF SUCH DAMAGES OR INJURY IS DUE IN WHOLE OR IN PART TO THE NEGLIGENCE OF THE KLAMATH WATERSHED PARTNERSHIP.

(B) I WAIVE MY RIGHTS TO BRING AN ACTION AGAINST the Klamath Watershed Partnership, and/or any of the persons or entities mentioned above in paragraph (A), for any of the claims, losses, or liabilities that I have waived, released, or mentioned above in paragraph (A);

(C) I AGREE TO INDEMNIFY AND HOLD HARMLESS the Klamath Watershed Partnership, and/or any of the persons or entities mentioned above in paragraph (A) from any of the claims made or liabilities assessed against them as a result of my negligent actions or inactions.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_