



## Anacostia Watershed Society

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### **RELEASE AND WAIVER OF LIABILITY**

All educational and volunteer event participants please read and sign below.

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. 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. I agree to indemnify and hold harmless the Anacostia Watershed Society for any damage or injury to me or my property as a result of my participation in AWS activities.

I give permission for \_\_\_\_\_ 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 Prince George's County/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.

\_\_\_\_\_  
Signature of parent/guardian or adult participant

\_\_\_\_\_  
Date

This must be completed by educational/volunteer event participants:

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

In an emergency, if the parents/guardians cannot be reached, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_