



Kinnickinnic
River Land Trust

Volunteer Release and Acknowledgement of Risk and Photo Release

KinniRiverCleanUp, April 28, 2018, River Falls, Wisconsin

Please complete the following, **printing legibly**:

Name of Volunteer: _____

Address: _____

City: State: Zip: _____

Phone: _____

Email: _____

Date/Location of Volunteer Activity: Saturday, April 28, 2018, River Falls, Wisconsin

Organizer: Kinnickinnic River Land Trust, Inc.

This document must be signed by all volunteers. If the volunteer is under the age of 18, this document must be signed by his or her legal guardian.

Volunteer Activity: I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Kinnickinnic River Land Trust, Inc., or the ***KinniRiverCleanUp*** event. I understand that no organization is providing insurance coverage for me.

Release from Liability: In consideration for being allowed to participate in ***KinniRiverCleanUp*** as a volunteer, I, binding my heirs, executors, administrators, and assigns, hereby fully and forever release, waive, discharge, acquit and exonerate Kinnickinnic River Land Trust, Inc., the organizer of ***KinniRiverCleanUp*** in which I am participating, from any and all claims, actions, remedies and complaints of any kind, except for claims for gross negligence or willful misconduct, which I have or may have, whether known or unknown, arising out of or relating to the ***KinniRiverCleanUp*** or my volunteer work for this event, including specifically all claims for personal injury, paralysis, wrongful death, property damage and any other injury I may sustain.

Continue and Sign on back side.

Assumption of Risk: I assume all risks of participating in **KinniRiverCleanUp** and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering. I understand that the Kinnickinnic River Land Trust, Inc. is not responsible for conditions I create for myself or those created by other volunteers or participants. I am aware that the **KinniRiverCleanUp** activities may be hazardous, involving risk of serious bodily injury, death, or property damage. I am voluntarily participating in these activities with knowledge of the risks. These risks include, but are not limited to, slips, falls, exposure to hazardous materials, object or persons falling on persons, equipment failure, injury from sharp equipment, improperly administered first aid, lightning strikes, hypothermia, and/or drowning.

I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity. I will be personally responsible for my own safety during these activities and assume all risks and accept full and complete responsibility for any and all damages and personal injury of any kind, including death. I recognize Kinnickinnic River Land Trust, Inc., its agents, volunteers and affiliates make no representations whatsoever as to whether the Kinnickinnic River, its tributaries, and any other land or water area included in the **KinniRiverCleanUp** are safe or as to whether the safety recommendations provided are comprehensive or adequate.

I grant to Kinnickinnic River Land Trust, Inc., its representatives and employees the right to take photographs at this event of me and of any minor participants for which I am the parent or guardian. I authorize Kinnickinnic River Land Trust, Inc., its assigns and transferees to use such photographs, with or without names, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content, and to copyright, use and publish the same in print and/or electronically.


My signature below affirms that I have read and understood the above document and that I voluntarily, freely and without duress agree to its terms:

Participant Name: _____

Signature: _____

Date: _____

I am 18 years of age or older

If you are under 18 years of age, you **MUST** have a parent or guardian signature 

| Legal Parent/Guardian |
|-----------------------|
| Signature: _____ |
| Print Name: _____ |
| Date: _____ |

EMERGENCY INFORMATION: In case of emergency, please call:

Name: _____ Phone: _____

Allergies: _____

Current Medications: _____

The Kinnickinnic River Land Trust, Inc. sponsors the **KinniRiverCleanUp** to further its mission to work with the community to conserve and protect the beauty and health of the Kinnickinnic River and its watershed.