



## EXPLORATION GREEN WAIVER AND RELEASE FORM

In voluntarily signing this waiver and release, I acknowledge that I understand its intent, and for myself, my heirs, executors, administrators and representatives, do hereby agree and **ABSOLVE, WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS AND PROMISE TO IDEMNIFY AND NOT TO SUE** the Exploration Green Conservancy (EGC), Clear Lake City Water Authority (CLCWA), their officers, staff, activity organizers, leaders, instructors, EGC members or guests, and any other parties connected with the EGC or CLCWA in any way from and against any blame or liability for any loss of life, injury, harm, inconvenience, or any other damage of any kind whatsoever, whether it is caused by myself or by the negligence, in whole, or in part, of the EGC or CLCWA staff, volunteers, or any other persons or entities associated with this activity. Furthermore, I assume all risks from all liability including any negligent acts or omissions and any intentional act meant to promote my safety or well-being.

I hereby represent that: 1) I understand there are certain dangers, safety hazards and risks inherent in outdoor field activities, which include but are not limited to, loss of life, personal injury, and loss or damage to personal belongings and equipment due to weather, wind, rain, sudden and unexpected immersion in waters, falls on slopes or holes, equipment or equipment operation failures, collision with stationary objects, and other conditions; 2) I am physically able to participate in this activity, and possess the skill and competence to participate safely; 3) any personal equipment I may use to participate in this event is in good working condition; (4) I will conduct myself in a safe and prudent manner while participating in the activity; (5) I have been informed of the prerequisite skill level required for this activity; and (6) I hereby absolve and hold harmless the EGC, CLCWA and any other parties connected with the Exploration Green in any way, from any damage I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the activity and I agree to assume all financial responsibility for such treatment.

I grant the EGC and CLCWA the right to photograph, record, broadcast, and otherwise use in any media, including web pages, social media or internet, my image or photographs, performance and involvement in EG activities and to use my name, likeness, voice, and biographical information concerning me in connection therewith. This includes volunteers, employees and personnel acting on behalf of EGC or CLCWA for the ongoing mission of Exploration Green, including publicity, marketing and promotion without compensation to me. I waive the right to inspect or approve the finished product and I accept reasonable modification or editing. I release EGC, CLCWA and their Exploration Green partners from all liability related to dissemination of my image, words, artwork and information.

**Exploration Green Waiver and Release form is for all volunteers. Volunteers under age of 18 must have Waiver and Release form signed by a parent or legal guardian.**

**I certify that I have read, understand, and agree to  
the legal consequences of this Waiver and Release Form.**

\_\_\_\_\_  
*Volunteer Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*E-mail Address (print clearly)*

\_\_\_\_\_  
*Volunteer Signature (if 18 years or older)*

\_\_\_\_\_  
*Parent/Legal Guardian Signature (for volunteers under 18)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Home/Cell Phone*

\_\_\_\_\_  
*Volunteer Event/Activity (insert "all activities" if desired)*

### Emergency Contact Person

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

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

*Check here to receive volunteer emails/updates*

\_\_\_\_\_  
*Group Name (If applicable)*