



Waiver of Liability and Express Assumption of Risk

I, the undersigned, being of lawful age or the parent or legal guardian of the participant involved in Orange County Coastkeeper's educational program (hereinafter "Program"), in consideration of the opportunity to participate in the Program, do hereby RELEASE, DISCHARGE, AND HOLD HARMLESS, Orange County Coastkeeper and any officer, agent, and/or employee of any one of them FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS, OR ANY OTHER LIABILITIES WHATSOEVER, KNOWN OR UNKNOWN, OR WHICH MAY ARISE IN THE FUTURE ON ACCOUNT OF, OR RELATING TO OR ARISING OUT OF PARTICIPATION IN THIS PROGRAM. **THE UNDERSIGNED UNDERSTANDS THERE ARE RISKS IN PARTICIPATING IN THIS PROGRAM**, including the risk of possible injury or loss of life as a result of contact with hazardous materials, scientific equipment, boats, wild animals, poisonous plants, snakes, or from over-exertion or environmental conditions, including but not limited to flooding, rockslides or dangerous terrain. Despite these risks the undersigned wishes to proceed and freely accepts and expressly assumes all risk, dangers and hazards that may arise from participation during the duration of the Program.

The undersigned acknowledges that the participant has received and read appropriate instruction regarding the Program, including appropriate safety and emergency procedures, and that the participant fully understands those instructions and is capable of and agreeable to following them. In addition, in any actions undertaken during this Program the participant agrees to use only the supplies, tools, and equipment provided by Orange County Coastkeeper and understands such equipment's intended use. The undersigned knows of no physical disorder which should keep the participant from undertaking the activities associated with the Program, and will not participate if under the influence of alcohol or any drug that could impair his or her physical or mental abilities.

The undersigned acknowledges that, as an independent volunteer, the participant will not be considered an employee of Orange County Coastkeeper and will have no claims to any Workers' Compensation coverage there under. If the participant should become injured while participating in the Program, the undersigned authorizes any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. Additionally, I authorize that photos or video footage taken during the program may be used by Orange County Coastkeeper for its promotional purposes.

I HAVE READ THIS AGREEMENT. I UNDERSTAND IT. I AGREE TO BE BOUND BY IT.

Signature of Participant: _____ **Date:** _____

Signature of Parent or Guardian (if under 18 years of age): _____

Name: _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Email (optional): _____