



EVENT PARTICIPANT AGREEMENT, WAIVER, and PHOTO RELEASE FORM

Event: _____ **Date:** _____

Name: _____ **Birthdate:** _____

Address: _____

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

Cell phone: _____

Emergency Contact: _____ **Phone:** _____

Other Family Participating:

Name: _____ **Birthdate:** _____

Name: _____ **Birthdate:** _____

Name: _____ **Birthdate:** _____

Name: _____ **Birthdate:** _____

In consideration of being permitted by the Antietam-Conococheague Watershed Alliance, Inc. ("ACWA") to participate in events or activities organized or sponsored by ACWA ("ACWA event(s)"), I hereby, waive, release and discharge any and all claims for damages for personal injury, death, or property damage, which I may have accrued or which may hereafter accrue to me, as a result of my participation in activities during, related to, or arising out of this or any ACWA event(s). This release is intended to fully release and discharge in advance ACWA, its officers, directors, employees, volunteers, and agents; and the property owners of the event site, from any and all liability arising out of or connected in any way with my participation in activities at this or any other ACWA event, even though that liability may arise out of negligence or carelessness on the part of those parties released. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby fully assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives and assigns. I agree to indemnify and to hold harmless ACWA, its officers, directors, employees and agents, other participants and volunteers, and the owners, from any loss, liability, damage, cost or expense which they may incur as the result of my injury or death, or any injury, death or property damage that may result from, my participation in this or any other ACWA event. Further, I understand that, by participating, I consent to photo or video images being taken by ACWA members or volunteers during this activity and to the use of those images in any or all ACWA publications and websites.

ALL PARTICIPANTS 18 YRS OLD AND OLDER:

I have carefully read both the front and back of this agreement, waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and ACWA and I sign it of my own free will.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE

I am the parent or legal guardian of the participant listed above. I hereby consent and agree that the participant may participate in all activities at this or any other ACWA event, and I hereby execute this Agreement, Waiver and Photo Release on her/his behalf. I hereby affirmatively state that the said participant is physically able to participate in all aspects of the event. I hereby agree to indemnify and hold harmless the persons and entities mentioned above from and against any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain or cause while participating in activities at this or any ACWA event.

Signature: _____ **Date:** _____

Printed Name: _____

Relationship to minor: _____