



Water Action Volunteers Liability Waiver

I the undersigned, being the volunteer involved in the Water Action Volunteers Stream Monitoring Program (hereinafter referred to as the Program) or being the parent or legal guardian of such a volunteer in the Program, in consideration of my or another's participation in the Program, I hereby, for myself and any volunteer for whom I am a parent or legal guardian release, discharge, hold harmless, and forever acquit the State of Wisconsin, the County, the City, the University of Wisconsin Extension-Cooperative Extension, the Wisconsin Department of Natural Resources, Water Action Volunteers Program, or other local sponsors, and their officers, agents, representatives and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in the Program. Further, I assume all liability of any non-participants who accompany me.

I understand that I am a volunteer for all purposes, including workers compensation, and am not an employee of the State of Wisconsin, the County, the City, the University of Wisconsin Extension-Cooperative Extension, the Wisconsin Department of Natural Resources, Water Action Volunteers Program, or other local sponsors, and their officers, agents, representatives and employees, and as such they are not responsible for injury or death of myself and any volunteer for whom I am a parent or legal guardian which may occur while acting as a volunteer.

Signature of participant

Date

Signature of parent or guardian (if participant is under 18 yrs old)

Date

Water Action Volunteers Photo Release

I agree that any photos or video taken of me while participating in a volunteer monitoring activity may be used by UW-Extension, the Wisconsin Department of Natural Resources, or local program sponsors in brochures, presentations, news articles, websites, and other media sources.

Signature of participant

Date

Signature of parent or guardian (if participant is under 18 yrs old)

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM



UW-Extension is required by law to report civil rights information for participants in our programs and others with whom we work. Please complete the following information about yourself:

Age:

Adult

Youth

Gender:

Male

Female

Other

Other/Choose not to disclose

Race:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Two or more races

Other/Choose not to disclose

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Other/Choose not to disclose

PLEASE COMPLETE BOTH SIDES OF THIS FORM