



LIABILITY RELEASE FORM

Down the River Cleanup presented by **We Love Clean Rivers Inc.**

www.welovecleanrivers.org

TO PARTICIPATE, THE FOLLOWING RELEASE MUST BE READ AND SIGNED

In consideration of being recognized as a participant in the September 10, 2023 Down The River Cleanup on the Clackamas River presented by We Love Clean Rivers Inc., and in full voluntary recognition and assumption of any and all risk and hazard associated with my participation and involvement, I (print name*) _____, for myself and my heirs, personal representatives, successors and assigns, hereby voluntarily release the Down The River Cleanup and We Love Clean Rivers Inc. and its officers, trustees, employees, subcontractors and representatives, and all other entities or parties associated with the Down The River Cleanup including other participants and volunteers from any and all claims, losses, damages and liabilities arising from death, injury, illness, loss or damage incurred or suffered by me or any other person arising out of, relating to, or resulting from my participation in the Down The River Cleanup and related incidental activities including pre-event and post-event activities to include transportation to and from the event site. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and We Love Clean Rivers Inc. and I sign it of my own free will. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any release in connection with these matters covered by the foregoing release.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this release and waiver were explained to the participant and that the participant understood them. If you are under 18 years of age you and your parent or guardian must sign and initial this form.

Signature

Date

**If signing for youth under 18 years of age, list names, age & relationship of each participant*

Youth Name

Age

Relationship

Youth Name

Age

Relationship

Youth Name

Age

Relationship

Youth Name

Age

Relationship



SOLVE Volunteer Registration and Waiver Form

Project Name: _____

This is a waiver and release. Please read it carefully before signing. I, the undersigned, enter this Release and Waiver of liability and Assumption of Risk Agreement ("Agreement") on behalf of myself, my personal representatives, next of kin, heirs, successors, and assigns.

- I make this Agreement in consideration of the Released Parties providing me with the opportunity to **participate as a volunteer** in this project.
- I understand that the Project may include **dangerous or hazardous** activities and that the Project may take place on a location or under conditions that may be dangerous to me.
- I **accept full personal responsibility** for all risks arising from or relating to this Project.
- My participation in this Project is **completely voluntary** and I have neither received nor expect to receive any compensation for my participation in it.
- I agree to read, listen to and follow all **safety instructions and procedures** presented in conjunction with this Project and to **use my best judgment** based upon my physical and mental abilities at all times, and to immediately terminate participation in this Project if activities become too strenuous, difficult or hazardous for me.
- I agree that the activities necessary to complete the Project have been **fully and adequately explained** to me and that I am **physically and mentally capable** of participating in the Project without injuring myself in any manner.
- I agree to **waive all liability** of the Released Parties, **discharge them, and covenant not to sue them** for any liability, claims, sums, costs, or other expenses on my account that may be caused in whole or in part by my participation in the Project.
- I agree that this Agreement shall act as a **complete bar against all actions or claims** that I might otherwise bring against the Released Parties, including negligence claims, arising from or related to this project.
- I understand that a **photographer may be present** to photograph the activities at the Project and that I may be photographed while participating in the Project. I agree that I will contact the photographer if I **do not wish to be photographed**.
- I hereby grant SOLVE the irrevocable and unrestricted right to **use and publish photographs of me**, or in which I may be included. I hereby release Photographer and his/her legal representatives and assigns and SOLVE from all claims and liability relating to any such photographs.
- I make this Agreement for the benefit of SOLVE, other individual volunteers, project coordinators, sponsors, suppliers, supporters, state agencies, and all private and public land owners on whose property the project described above may be located (collectively the "Released Parties), including, without limitation, the Released Parties' employees, agents, personal representatives, next of kin, heirs, successors and assigns.
- I have read this Agreement, fully understand its terms, understand that I have **given up substantial rights** by signing it, and have **signed it freely** and without any inducement or assurance of any nature. I intend this Agreement to be a **complete and unconditional release of all liability** to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect.

Thank you for volunteering. Please print clearly. (SOLVE never sells or trades your information)

Name																									
Email																									
Address																									
City																									
State	Zip	Future Contact										<input type="checkbox"/> Email me monthly updates.					<input type="checkbox"/> Do not mail at the address above.								
Phone Number																									
Organization																									

<input type="checkbox"/> I am over the age of 18.		
	(Signature)	(Date)
I am <input type="checkbox"/> 18-35 Years Old <input type="checkbox"/> 36-64 Years Old <input type="checkbox"/> 65+ Years Old		

If you are signing this for youth volunteers, please also complete below:

<input type="checkbox"/> I am authorized, responsible and signing this waiver for the following volunteers under the age of 18.		
	(Name of group or individual names)	# of youth signed for

Stay Connected!





SOLVE Youth Volunteer Permission and Waiver Form

Project: _____ Site Location: _____ Date: _____

ALL PARTICIPANTS UNDER THE AGE OF 18 WHO ARE UNESCORTED BY AN ADULT MUST HAVE A PARENT OR GUARDIAN SIGN THIS PERMISSION AND WAIVER FORM. Escorted youth may be included by their parent, guardian or authorized adult on the adult registration and waiver form.

This is a waiver and release. Please read it carefully before signing. I am the parent or legal guardian of Participant named below and I, the undersigned, enter this Release and Waiver of liability and Assumption of Risk Agreement ("Agreement") on behalf of myself, the Participant, my personal representatives, next of kin, heirs, successors, and assigns and anyone else who may make any claim for or on behalf of the Participant.

- I will **cause the Participant to agree and comply** with the terms of the Agreement and not to take any actions that would assist or cause the Participant to invalidate, renounce, negate, revoke, or disclaim any part of the Agreement.
- I make this Agreement for the benefit of SOLVE, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and all private and public land owners on whose property the project described above may be located (collectively the "Released Parties"), including, without limitation, the Released Parties' employees, agents, personal representatives, next of kin, heirs, successors and assigns.
- I make this Agreement in consideration of the Released Parties providing Participant with the opportunity to **participate as a volunteer** in this project.
- I understand that the Project may include **dangerous or hazardous** activities and that the Project may take place on a location or under conditions that may be dangerous to Participant.
- Participant and I **accept full personal responsibility** for all risks arising from or relating to this Project.
- Participant's involvement in this Project is **completely voluntary** and neither participant nor I have received nor expect to receive any compensation for participation in it.
- Participant will read, listen to and follow all **safety instructions and procedures** presented in conjunction with this Project and **use best judgment** based upon physical and mental abilities at all times, and to immediately terminate participation in this Project if activities become too strenuous, difficult or hazardous.
- I agree to **waive all liability** of the Released Parties, **discharge them, and covenant not to sue them** for any liability, claims, sums, costs, or other expenses on my account that may be caused in whole or in part by Participant's involvement in the Project.
- I agree that this Agreement shall act as a **complete bar against all actions or claims** that I might otherwise bring against the Released Parties, including negligence claims, arising from or related to this project.
- I have read this Agreement, fully understand its terms, understand that I have **given up substantial rights** by signing it, and have **signed it freely** and without any inducement or assurance of any nature. I intend this Agreement to be a **complete and unconditional release of all liability** to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect.
- I understand that a photographer may be present to photograph the activities at the Project and that Participant may be photographed while participating in the Project. I agree that Participant will contact the photographer if he or she does not wish to be photographed.
- I hereby grant SOLVE the irrevocable and unrestricted right to **use and publish photographs of Participant**, or in which Participant may be included. I hereby release Photographer and his/her legal representatives and assigns and SOLVE from all claims and liability relating to any such photographs.

Thank you for volunteering. Please print clearly. (SOLVE never sells or trades your information)

Name of Participant											<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Name of Parent/Guardian															
Relationship to Participant											Ph.	-	-	<input type="checkbox"/> Home	<input type="checkbox"/> Business
Address											<input type="checkbox"/> Home	<input type="checkbox"/> Business			
City											State	Zip			
Age of Participant															
(Signature of Parent or Guardian)												(Date)			

Would you like to receive other information from SOLVE?

Please consider email, as it is the most cost effective method for communicating with volunteers.

<input type="checkbox"/> The above named participant is 13 or older and can receive communication from SOLVE.		
<input type="checkbox"/> Email, use the address below. (please write your email address in the boxes below)	<input type="checkbox"/> Mail, use address above.	<input type="checkbox"/> Please do not contact me.
		<input type="checkbox"/> Home <input type="checkbox"/> Business