

# Volunteer/Educational Learning Experience WAIVER AND RELEASE FORM

Thomas Jefferson Soil and Water Conservation District (TJSWCD)

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Participant First and Last Name

Date of Birth

## Requirements and Potential Risks

- All participants attending any TJSWCD-sponsored activity must complete and sign this form in advance.
- Any participant under the age of 18 must have a parent or legal guardian complete, sign, and return the permission section below prior to the day of the activity.
- All participants are responsible for their own personal belongings. It is recommended to NOT bring or wear anything that you would not like to get lost, muddy, wet, or otherwise damaged.
- Leaving no trace is everyone's responsibility. You MUST follow the applicable Leave No Trace (LNT) principles during this volunteer activity. This includes but is not limited to disposing of waste properly, leaving what you find, respecting wildlife, and being considerate of other visitors. For more information on LNT principles: [The 7 Principles - Leave No Trace Center for Outdoor Ethics \(LNT.org\)](#)
- You MUST handle nature responsibly and respect the environment around you.
- The use or possession of any alcohol or illegal drugs is NOT permitted while participating in this activity.
- Each participant must provide their own transportation to and from the activity starting location.
- Participants may ride in TJSWCD-owned vehicles subject to this waiver.

## **Volunteer/Educational Learning Experience WAIVER AND RELEASE FORM**

This agreement releases the Thomas Jefferson Soil and Water Conservation District, the landowner and/or managing agency hosting this event from any and all liability relating to injuries that may occur while volunteering. I agree to hold the Thomas Jefferson Soil and Water Conservation District harmless and free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I confirm that I understand that participating in this activity involves confronting various, unavoidable risks. By signing this waiver and release, I confirm that I agree to **assume the risks** involved in participating in this volunteer activity. I understand that I am participating voluntarily and that all risks have been made clear to me. Additionally, I do not have any health conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

I forfeit all rights to bring a suit against the Thomas Jefferson Soil and Water Conservation District, the landowner and/or managing agency hosting this event for any reason associated with my participation in this activity. In return, I will be allowed to participate in activities with the Thomas Jefferson Soil and Water Conservation District. I will also make every effort to obey safety precautions as listed in writing, and as explained to me verbally. I will ask for clarification when needed.

I acknowledge that I will receive zero compensation for my participation in this activity.

\_\_\_\_\_ By adding my initials to this paragraph, I hereby grant the Thomas Jefferson Soil and Water Conservation District permission to take photographs and/or videos of volunteers, and I acknowledge that they may or may not be used in its publications, social media, or progress reporting forms without payment or other consideration. I understand and agree that all photos will become the property of the Thomas Jefferson Soil and Water Conservation District and will not be returned.

I affirm that I am at least 18 years of age, or, if I am a minor, I have obtained the required consent of my parent(s)/guardian(s) as evidenced by their signatures below.

By signing below, I understand and accept the above waiver and release of liability.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are a parent or guardian that is participating in the volunteer activity alongside your child, you must sign your own individual form.*

## EMERGENCY CONTACT

Emergency Authorization: In the event of an emergency, I give permission to the staff of TJSWCD to secure proper treatment for myself, my child or a minor participant under my legal guardianship until such time when I may regain the ability to make those decisions for myself or on behalf of my child or the minor participant under my legal guardianship.

Please provide the below contact information (name, relation to participant, and phone #):

### EMERGENCY CONTACT 1.

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

Phone 1: \_\_\_\_\_

Please circle one option: *May text messages be received in the event of inadequate cell coverage for calling? YES or NO*

### EMERGENCY CONTACT 2.

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

Phone 2: \_\_\_\_\_

Please circle one option: *May text messages be received in the event of inadequate cell coverage for calling? YES or NO*

By signing this document, I have read this document and agree to the terms listed above:

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please keep a copy of this form for your own records\*