



# RELEASE OF LIABILITY/AGREEMENT NOT TO SUE GENERAL VOLUNTEER ACTIVITIES

## This Document Affects Your Legal Rights; Read It Carefully

I, \_\_\_\_\_,  
(Please print your name)

AM AWARE THAT VOLUNTEER ACTIVITIES INCLUDING SHORELINE CLEANUPS, KAYAKING AND USE OF OTHER WATER CRAFT INCLUDE CERTAIN RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY OR DEATH. RISKS INCLUDE, BUT ARE NOT LIMITED TO CUTS, SCRAPES, SPRAINS, STRAINS, BREAKS, SUNBURN, HEAT EXHAUSTION, HYPOTHERMIA, MUSCULOSKELETAL INJURIES, DROWNING, EXPOSURE TO AIRBORN AND/OR WATERBORNE POLLUTION, AND ANY INJURIES ASSOCIATED WITH CONTACT WITH POTENTIALLY DANGEROUS PHYSICAL DEBRIS AND TRASH INCLUDING SHARP AND/OR HEAVY OBJECTS. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND I HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS INVOLVED.

**PLEASE INITIAL** \_\_\_\_\_

In consideration of being allowed to participate in cleanup and/or water monitoring events for Puget Soundkeeper Alliance (PSA):

1. I agree that I will not sue, or otherwise make any claim against PSA and any other sponsors/ providers or their employees, agents and contractors, for any loss, injury or damage resulting from participation in the above mentioned volunteer activities.
2. I agree that PSA and any other sponsors/providers and their employees, agents and contractors, shall not be legally responsible for any loss, injury or damage resulting from any cause, including negligence of any party.
3. I agree that use of the kayak, patrol boat or other water craft will be according to the rules and instructions of PSA and any other sponsors/providers, including WEARING A PERSONAL FLOTATION DEVICE (PFD) whenever I am on the water.
4. I agree that any equipment that I provide or may borrow from PSA or any other sponsors/ providers during this activity, I use at my own risk. I understand and agree that PSA and any other sponsors/providers shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. PSA and any other sponsors/providers make no warranties of any kind regarding this equipment.
5. To the fullest extent allowed by law I agree to RELEASE, HOLD HARMLESS and INDEMNIFY PSA and any other sponsors/providers, their employees, agents and contractors from all actions, claims or demands from myself, my heirs or personal representatives for any loss, injury or damage resulting from participation in all land-based and/or on-water volunteer activities, including the use of any equipment.
7. I agree to defend and indemnify PSA and any other sponsors/providers, their employees, agents and contractors from any claim or action filed by a third party due to my actions associated with this volunteer service.
8. The terms of this Release shall also be binding as to any other persons, including all family members, heirs, executors

or administrators, and including any minors that may accompany me. I understand this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses that are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect.

9. I am legally competent to sign this Release or my parent or legal guardian has also read and signed this Release.

**Unless otherwise noted, I also give permission to be photographed, and PSA and any other sponsors/providers may use the images for promotional and other uses.**

I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL.

**Date:** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_

**Guardian Signature\*** \_\_\_\_\_  
**(Must also be signed by parent or legal guardian if participant is a minor.)**

**The following data is being collected for AmeriCorps grant funding purposes. Please only answer questions that you feel comfortable answering:**

Are you a veteran of the U.S. Armed Forces?

By completing the information below, I agree to receive occasional updates from PSA:

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

\*By signing on behalf of a minor, in addition to the above, I also agree to RELEASE, HOLD HARMLESS and INDEMNIFY PSA and any other sponsors/providers and their employees, agents and contractors for any claims of the minor. I agree to be responsible for any medical expenses incurred by the minor. In the event that I cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.