



# PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM

**THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City/State Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

## AGREEMENT, WAIVER AND RELEASE

In consideration of my desire to serve as a volunteer in disaster relief efforts, and as consideration for the right to participate in the Activity, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities. This release is intended to discharge in advance the Clinton County Emergency Management Agency, its officers, employees, volunteers and agents from any and all liability arising out of or connected in any way with my participation in activities even though that liability may arise out of negligence or carelessness on the part of those parties. 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 assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the Clinton County Emergency Management Agency, its officers, employees, volunteers, and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in any activity hosted or facilitated by the Clinton County Emergency Management Agency.

## PHOTO/IMAGE RELEASE

I understand that by participating all Participants consent to photo or video images taken by Clinton County Emergency Management staff or volunteers during this activity to be used in any or all Clinton County Emergency Management publications and websites.

## CONSENT OF PARENT/GUARDIAN (If Participant is a minor)

I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in post disaster activities and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from 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 while participating in activities hosted or facilitated by the Clinton County Emergency Management Agency.

**I HAVE CAREFULLY READ 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 THE CLINTON COUNTY EMERGENCY MANAGEMENT AGENCY AND I SIGN IT OF MY OWN FREE WILL.**

Print Name if Parent or Guardian \_\_\_\_\_ Relationship to minor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_