



CLINTON COUNTY EMA

GENERAL PARTICIPANT AGREEMENT, WAIVER, AND RELEASE FORM

This form must be completed and signed before participating in any Clinton County EMA activity.

Participant Information

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City/State/ZIP: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____ Alternate: _____

This agreement shall be governed by the laws of the State of Ohio. Any disputes shall be resolved exclusively in the courts of Clinton County, Ohio.

WAIVER AND RELEASE OF LIABILITY

In consideration for being allowed to participate in any activity organized, supported, or facilitated by the Clinton County Emergency Management Agency (EMA), I, the undersigned, voluntarily agree to the following terms:

- I understand and acknowledge that activities may include, but are not limited to, emergency preparedness training, exercises, outreach events, disaster response operations, and volunteer deployments—all of which involve certain inherent risks, including the risk of injury or property damage.
- I knowingly and freely assume all such risks and agree to release and hold harmless Clinton County EMA, its officers, agents, employees, and volunteers from any liability for injury, illness, death, or property loss that may result from my participation, whether caused by negligence or otherwise.
- This release is binding upon my heirs, executors, administrators, and assigns.



CLINTON COUNTY EMA

INDEMNIFICATION

I further agree to indemnify and hold harmless Clinton County EMA, its board, employees, and volunteers from any claim, liability, or expense arising out of or connected to my participation in EMA-related activities.

PHOTO/IMAGE RELEASE

I grant permission for any photo or video images taken of me during EMA activities to be used by Clinton County EMA for public information, training, outreach, and promotional purposes in print or digital formats.

CRIMINAL HISTORY ATTESTATION

The County reserves the right to conduct background checks and may disqualify individuals from participation based on relevant findings. Initial where indicated.*

* ____ I attest that I have not been convicted of any felony offense.

* ____ I understand that participation in certain activities may be limited based on background screening or past conduct.

* ____ I agree to notify Clinton County EMA immediately if any legal or criminal matter arises that may affect my suitability to participate.

PARENT/GUARDIAN CONSENT (Required if participant is under 18)

I am the parent or legal guardian of the minor named above. I consent to their participation in Clinton County EMA activities and agree to all terms outlined in this agreement. I confirm the participant is physically capable of engaging in such activities. I agree to indemnify and hold harmless Clinton County EMA, its staff, agents, and volunteers from any claims arising out of their participation.

Print Name (Parent/Guardian): _____

Relationship: _____

Signature (Parent/Guardian): _____

Date: _____

ACKNOWLEDGMENT

I have read, understood, and voluntarily agree to this Waiver and Release. I understand this is a legally binding agreement.

Participant Signature: _____

Date: _____