

## 201 Licking River Round Up Waiver and Release from Liability

Licking County, Ohio

I ACKNOWLEDGE that the Licking River Round Up (river trash cleanup) I am going to participate in involves a dangerous activity. I acknowledge that this river cleanup carries with it the potential for death, serious injury, property damage, and property loss. I hereby assume all the risks of participating in this river cleanup, regardless of their cause. I promise to participate in a safe and prudent manner, so as not to endanger myself or others. In consideration of my registration to participate in this river cleanup, I hereby execute this Waiver and Release from Liability on behalf of myself, my personal representatives, my administrators, my heirs, my next of kin, my survivors, my successors, and my assigns, as follows:

A. I WAIVE, RELEASE, DISCLAIM and FOREVER DISCHARGE from any and all liability for me while participating in this river cleanup sponsored by The Licking County River Round Up Committee includes: Licking County Soil & Water Conservation District, Licking County Health Department, Licking County Recycling, Licking Park District, City of Newark Stormwater Utility, City of Heath, City of Pataskala, Village of Hebron, Village of Granville, Village of Utica, Union Township, The Dawes Arboretum, Ohio Certified Volunteer Naturalists of Licking County, Explore Licking County, Licking County Emergency Management Agency, Hull & Associates, Inc., Southwest Licking Community Water & Sewer District, Licking/Knox Goodwill Industries, Inc., and Community Members. and the following entities or persons: employees, volunteers, representatives, agents, assigns, funders and sponsors of event, together with vendors and manufacturers, and their respective directors, officers, employees, representatives, agents, and assigns.

B. I INDEMNIFY AND HOLD HARMLESS the entities and persons specified in paragraph A above from any and all liability, loss, demand, claim or action at law or in equity that may hereafter be made or brought by those individuals or entities as a result of any of my actions during this river cleanup.

C. I CONSENT to receive medical treatment that may be deemed advisable as a result of any injuries I receive during this river cleanup and agree that I am solely responsible for all costs, including diagnosis, treatment, medical transportation, and evacuation, that may become necessary for me or another person as a result of any of my actions during this river cleanup.

D. I AGREE that any photographs and video footage taken of me during the river cleanup, as well as any written documents I submit to the event sponsors, may be printed, reproduced and published in any manner anywhere without any further consent by me or my family members and without any compensation to me.

E. This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document; and I understand its content.

F. PARENT/LEGAL GUARDIAN WAIVER FOR MINORS: The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

G. I CERTIFY that I have read this waiver, understand its contents in their entirety and have executed this waiver without reservation or duress.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

Emergency  
Contact: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

\_\_\_\_\_  
Address of Participant

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip