

## DLWA VOLUNTEER ACTIVITY RELEASE FORM

l,	residing at (Address)	
(City) in the (State) fully understand that the activity I am participating in may be a potentially hazardous activity. I enter and participate in this activity certifying that I am medically able and properly trained. I assume the risks associated with participating in this activity, including, but not limited to falls, contact with other volunteers, the effects of weather, including high heat, cold, wind, rain, and possible slippery footing. I understand that some activities include getting in and out of boats and being in and around deep water. I understand that some activities may include the use of tools, including chain saws, or other power tools, and hand tools with sharp edges. Knowing these facts, I hereby for myself, my heirs, executors, personal representatives or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Deer Lake Watershed Association and any other organization associated with the activity, from any and all claims or liability for death, personal injury, or property damage arising out of, or in the course of, my participation in this activity.		
I also understand and agree that the DLWA may subsequently use my name and photo in any legal condition for publicity, advertising, web content and use on documents sent to association members and non-members. I have read the forgoing and certify my agreement by my signature below. (Parent signature required if under 18 years old)		
Signature		Date
Print Name		_ Date
DLWA Board Me	mber	_ Date
Print Name		_ Date