NY/NJ **Baykeeper**®Volunteer Program Assumption of Risk Form

Voluntary - My participation in this plastics monitoring program is voluntary. I will select the activities in which I will participate. I will choose activities that are within my physical capacities. I will stay away from the water if I cannot swim and/or if I have any open cuts. I will wear gloves at all times.

Assumption of Risk - I realize that during this plastics monitoring program, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to (a) walk on or near slippery or uneven waterbody banks, (b) wade in a waterbody that may contain strong currents or uneven bottoms, (c) walk near highways or roads, (d) wade in or near a waterbody that may contain harmful pollutants, bacteria, or parasites. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. I could: (a) receive cuts and abrasions, (b) lose personal property such as electronic devices, watches, or jewelry, and (c) suffer serious bodily injury.

Waiver - I release the sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims of any kind that relate to my participation in the plastics monitoring program. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold the sponsors, organizers, volunteers, and site owners harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the plastics monitoring program.

Medical Treatment - If I am injured during the plastics monitoring program, the organizers or volunteers of the program may render medical services or request that others provide such services to me. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the plastics monitoring program, it is my responsibility to seek appropriate medical care and to notify the oyster reef monitoring organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this event.

Pictures - I agree that NY/NJ Baykeeper may use any pictures or videos taken of me or my children or dependents during the plastics monitoring program for social media and/or future promotional campaigns.

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**