



WWALS Watershed Coalition Event Waiver - 2020

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: M _____ F _____

Email: _____

Phone: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

***Children under age 18 must be accompanied by adult; must be at least 10 years of age to participate and know how to swim**

Release: In consideration and acceptance of this event, I, the undersigned intending to be legally bound, hereby waive any and all claims for myself, my heirs, and executors/administrators, against the WWALS Watershed Coalition and/or officials, hosts, organizers, or sponsors of today's outing for injury, illness, or death which may directly or indirectly result from my participation. I further attest that I am in proper physical condition to participate in this event and I know how to swim. I agree to wear my personal flotation device. I give my full permission for the event organizers to use of my name and photograph in any broadcast, telecast, website or any other visual, oral or written account of the event for any purpose and for free.

Signature (Parent if participant is under 18 years old)

Date