

SnapShot Day Events

Assumption of Risk Form

AS A VOLUNTEER, in signing this form, I hereby agree to abide by the SnapShot Day Team rules, policies, and safety rules as established by the SnapShot Day Team and member organizations. I realize that there are risks of injury associated with the work of stream monitoring, and that despite the safety rules and reasonable precautions, I could become injured. I voluntarily assume all risks associated with such participation. I understand these risks include, by way of example and not limited to the following: the dangers of falling in a waterbody; the danger of coming into contact with poisonous plants that can cause an itchy skin rash, blistering, and inflammation; the danger of receiving sun burn from over exposure; the danger of heat exhaustion or dehydration; the dangers arising from outdoor environmental hazards, inadequate safety equipment, weather conditions, property damage or loss and the possibility of serious physical injury, pain, mental trauma or death.

(initial)

I understand that SnapShot Day is fundamentally **NOT** a dangerous activity, but that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to participate in or observe this activity. I hereby voluntarily assume such risks, waive all claims or demands against the SnapShot Day Team and member organizations on account thereof, and agree to indemnify, defend and hold harmless the SnapShot Day Team and member organizations from any claims or demands by others for which I may be legally responsible.

(initial)

For myself, and my heirs, executors, administrators, legal representatives, and successors in interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue the SnapShot Day Team and member organizations, participants, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma, or death, and waive any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any way to, any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the above event/activity including travel to and from such event or activity in which I may participate.

(initial)

I agree for myself and my successors that the above representations and agreements are contractually binding and shall bind me and my successors for the above event. I agree that if I or my successors assert any claim or bring any suit in violation of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit.

(initial)

I have carefully read this entry and release form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself and the SnapShot Day Team and member organizations.

Signature of Participant	Address
Name _____	City, State, Zip _____
Date _____	Phone Number _____

Minor's Parent or Guardian Consent:

We undersigned parent or guardian of a minor do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital in the event of injury to said minor participating in this event. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgement as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Parent or Guardian: _____
(If participant is under 18 years of age.)

Person to contact in emergency:

Name _____	Phone Number _____
Physician _____	Phone Number _____