



## Waiver of Liability

*This waiver must be signed by all participating adults 18 years of age and over, or by a parent or guardian for each participant under 18 years of age.*

**Program Name:**

**Program Date:**

As a participant in this Stroud Water Research Center (the Stroud Center) program, I recognize and acknowledge that there are certain risks of injury. I understand that the activities involve inherent risks and dangers, including but not limited to physical injury, illness, emotional distress, or death due to; falling or loss of balance when walking in or near streams; capsizing of boats, being injured by the actions or inactions of other participants and bystanders; falls due to slick or uneven surfaces; equipment failures; equipment misuse by myself or others; potential exposure to water-borne diseases (including but not limited to *Cryptosporidium*, *Giardia*, *E.coli*); effects of weather; and human transmissible diseases including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other contagious pathogens and disease vectors. I, or the participant(s) I'm representing, agree to NOT participate in this program if I/they have any symptoms of human transmissible diseases.

I waive and relinquish all claims I or the participant I am representing may have as a result of participation in this program against the Stroud Center and its employees. I further agree to indemnify, hold harmless, and defend the Stroud Center and its employees from and against any and all claims, suits or cause of actions, including attorney's fees, sustained or caused by myself or the minor I am representing arising out of, in connection with, or in any way associated with the activities of this program.

I, the undersigned, understand and acknowledge that participation in an education or boating recreational and educational activity can be hazardous, and I realize that no one should enter into this type of activity unless the participant is medically able. I fully understand that it is my responsibility to determine if this specific activity contains other elements of risk that could prove harmful to a participant.

### **Adult Participant**

Adult participant's printed name: \_\_\_\_\_

Adult participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Minor Participant(s)**

As the parent or legal guardian of the minor(s) participating in this program, I agree to all of the above on behalf of the minor.

Please print the participating child's/children's name(s):

\_\_\_\_\_  
\_\_\_\_\_

Parent or legal guardian's printed name: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Authorization and Consent to Photograph and Publish**

I hereby give my informed written consent for the making of photographs, motion picture films, videotape, and sound recordings for use as part of Stroud Water Research Center (the Stroud Center) public information, educational, fundraising, and training activities, or for any other purpose Stroud Center deems appropriate, in accordance with standards of good judgment.

The undersigned agrees that the Stroud Center may use and permit other persons or organizations to use the subject's identity, along with digital images, likenesses, photos, prints, negatives, CDs, DVDs, or videos prepared from such photographs, films, videotapes or sound recordings for release to the public, including the news media.

I hereby waive any right to inspect or approve the finished product or products, or the copy or printed matter that may be used in connection therewith, or the use to which it may be applied.

Furthermore, said photographs, identity, voice or videotaping is hereby deemed free of copyrights, royalties, or fees and may be duplicated and/or used and reused, in whole or in part, or composite or altered in character or form in promoting the Stroud Center on the world wide web, by broadcast media and in printed publications.

I understand and agree that the Stroud Center and its agents may use such material in perpetuity.

The undersigned and his or her successors or assignees hereby hold the Stroud Center and those acting with the Stroud Center's authority and permission, including photographers, videographers, agents, legal representatives, assigns, news and media outlets, and those for whom the Stroud Center is acting,

harmless from and against any liability, claims, demands or compensation resulting from the activities authorized by this agreement.

### **Adult Participant**

Adult participant's printed name: \_\_\_\_\_

Adult participant signature: \_\_\_\_\_ DATE: \_\_\_\_\_

### **Minor Participant(s)**

As the parent or legal guardian of the minor(s) participating in this program, I agree to all of the above on behalf of the minor.

Please print the participating child's/children's name(s):

\_\_\_\_\_  
\_\_\_\_\_

Parent or legal guardian's printed name: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Opt Out**

☐ I do not give consent for the use of my or my minor child's likeness by Stroud Water Research Center.