

Cleanup Site Name: _____



**ANNUAL POTOMAC RIVER WATERSHED CLEANUP
LIABILITY WAIVER AND SIGN UP FORM**

PLEASE READ THE WAIVER BELOW PRIOR TO SIGNING

I acknowledge that I am voluntarily assisting in the Potomac River Watershed Cleanup. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by coordinators of the Annual Potomac River Watershed Cleanup, and that I will not be eligible for any Workers Compensation benefits

Now therefore, I hereby agree that I, and anyone else claiming through me, will not make a claim against Alice Ferguson Foundation, any of its affiliated and partner organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used during the service project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation during a pandemic. This release is intended to be broad in its effect.

By signing this agreement I take responsibility for the risk's the COVID-19 pandemic possesses. I willingly assume the risk that myself, and my child or children may be exposed to or infected by participating in this event. I am aware that the Alice Ferguson Foundation is following and encouraging volunteers to follow Centers for Disease Control (CDC), World Health Organization (WHO), and local jurisdictions recommendations to combat the novel coronavirus.

I hereby agree to accept any and all risks of injury, illness, infection, or death in connection with my participation in volunteering. I have carefully read this assumption of risk and general liability release agreement, and I fully understand its contents. I am aware that this is a release of liability and a legal contract between me and the Alice Ferguson Foundation and that it affects my legal rights. I am signing this document of my own free will. I further consent to the unrestricted use by Alice Ferguson Foundation and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me and/or my children.

Print Name	Under 18 (Y/N)	Zip Code	Email	Signature/Parent Guardian Signature

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