

## VOLUNTEER RELEASE AND WAIVER OF LIABILITY FOR MINORS

This Release and Waiver of Liability form, releases **Stewards of Cootes Watershed ( SCW )** – a not for profit corporation in the province of Ontario sometimes operating as **Stewards of Red Hill Watershed and its partners, the Royal Botanical Gardens, the City of Hamilton, the Hamilton Conservation Authority**, their agents and assigns, the **landowners** whose property I volunteer to work on or travel across and my **fellow volunteers and volunteer organizers** ( collectively known as **SCW and its Partners** ). As a volunteer I desire to provide volunteer services for **SCW and its Partners** and engage in activities as part of a team conducting watershed stewardship in the municipalities of Hamilton, Ontario and Burlington, Ontario.

1. **Waiver and Release:** I release and forever discharge and hold harmless **SCW and its Partners** from any and all liability, claims and demands of whatever kind or nature which arise or may hereafter arise from the services I provide during any activity organized by **SCW** during the period: **April 7<sup>th</sup> 2018 to March 31<sup>st</sup>, 2019**  
This shall include claims with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide or occur while we are providing the volunteer services.
2. **Informed Consent:** I acknowledge that I have been informed of risks I can reasonably expect to encounter, including but not restricted to, tripping hazards from working off trail, slipping hazards from working on slopes, drowning hazards from working near water, trauma from natural material found in the work areas such as wood and rock as well as from the garbage I will be handling of various and potentially hazardous descriptions, injury from overhead item falling from height such as from trees and from vertical rock surfaces and injury from any tools. I further agree that any actions I undertaken are done so under my own volition and with knowledge of the risks involved.
3. **Insurance:** I further understand that the **SCW and its Partners** do not assume any responsibility for, or obligation to provide us with financial or other assistance including medical, health or disability benefits or insurance of any kind in the event of our injury, illness, death or damage to our property, beyond that which may be freely offered by the **SCW and its Partners**.
4. **Medical Treatment:** I further release and forever discharge **SCW and its Partners** from any claim whatsoever which may arise on account of any first aid treatment or other medical services rendered to us in connection with an emergency during our tenure as volunteers with this project.
5. **No remittance:** I understand that the scope of my relationship with **SCW and its Partners** is limited to a volunteer position and acknowledge that I hold no claim on any funds raised in sponsorship of the project and further hold no claim on any value salvaged from the items collected.
6. **Artifacts:** I further agree to turn over any artifacts I find of historical, cultural, monetary or other significance to the **SCW** for delivery to the proper owner and agree to hold no claim of ownership over such items. Should all proper ownership claims be declined I understand that the artifacts will be liquidated and the proceeds remitted to **SCW**.
7. **Photographic Release:** I further grant and convey to **SCW and its Partners** all right, title and interests in any and all photographs, images, video or audio recordings of me made in connection with this project.
8. **Supervision of Minors:** I further understand that my child will not be under direct supervision of **SCW and its Partners** all times, and forever release and hold harmless **SCW and its Partners** from any and all liability, claims and demands of whatever kind or nature that may arise from any lack of supervision.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily

Signed on the \_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Participant's Name- Please Print Clearly

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Parent or Guardian's Printed Name and Relationship to Minor

\_\_\_\_\_  
Email Address ( req'd by our funders for program audit )

\_\_\_\_\_  
Phone # where a Parent can be reached during cleanup

Please put Me \_\_\_\_\_ My Child \_\_\_\_\_ on your weekly email list