LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION
FIELD TRIP WAIVER
PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events, and activities of **LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION**, I the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is possible.
2. I knowingly and freely assume all such risks and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless **LOWER SUSQUEHANNA RIVERKEEPER ASSOCIATION and TROJAN AQUATIC CLUB**, its officers, officials, agents, and /or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releases), from any and all claims, demands, losses, and liability arising out of or related to any injury I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULL UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ _____ _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

X_____ _____ _____
Parent/Guardian Signature Date Emergency Phone #

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