

**FRIENDS OF THE NORTH FORK  
VOLUNTEER WAIVER, RELEASE OF LIABILITY,  
ASSUMPTION OF RISK AGREEMENT & PHOTO RELEASE**

*Thank you for participating in activities with Friends of the North Fork of the Shenandoah River (hereinafter referred to as FNFSR.) Please be sure that the lasting impression you make on those you serve will help to build our program and its reputation for quality*

I, \_\_\_\_\_, the undersigned, in consideration for being authorized to participate in Friends of the North Fork and North Fork Conservation Corps activities, including any pre or post- volunteer activities, acknowledge and agree that:

- 1) Numerous risks can arise during activities, including the potential for drowning, serious injury or sickness, and while equipment and personal discipline may reduce this risk, the risk of serious injury does still exist; and
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and I assume full responsibility for my participation; and
- 3) I willingly agree to comply with the stated and usual/normal conditions and rules for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will stop participating and bring such to the attention of the nearest organizer immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, AGREE NOT TO SUE AND INSTEAD HEREBY RELEASE AND HOLD HARMLESS the organizers and all those associated with the FNFSR, and its officers, directors, agents and/or employees, other participants, sponsors, advertisers, volunteers, activity leaders, and if applicable, owners and leasers of premises used to conduct the event (Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 5) I give permission for activity leaders to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness.
- 6) In addition, I give permission for Friends of the North Fork to use my name and any photographs or videos taken of me in connection with the activity or publicity purposes.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT, AND PHOTO RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

First Name: \_\_\_\_\_ . Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_. Zip: \_\_\_\_\_. Phone: \_\_\_\_\_

Email: \_\_\_\_\_



I have read the Waiver and sign it freely and without inducement.

X \_\_\_\_\_

Participants signature

Date Signed

**EMERGENCY CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**HEALTH CONDITIONS/ ALLERGIES/ CURRENT MEDICATION**

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

**Minors:** 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 to all the Releasees, and, for only heirs, assigns, next of kin, and myself, I agree not to sue and instead release and agree to indemnify the Releasees from and all liabilities incident to my minor child’s involvement or participation in these activities as provided above, EVEN IF ARISING FROM NEGLIGENCE.

X \_\_\_\_\_  
Parent or Guardian Signature Date Signed

THANK YOU FOR VOLUNTEERING WITH THE FRIENDS OF THE NORTH FORK!

**COVID-19 Policy Addendum**

In light of the current concerns around COVID-19, FNFSR has adopted the following policies to protect the health and safety of our volunteers and staff. Please check the boxes and sign below to indicate that you agree to uphold these standards while volunteering.

I certify that:

In the last 14 days, I have not experienced symptoms of COVID-19, tested positive for COVID-19, or had contact with anyone with a positive diagnosis of COVID-19.

If I experience symptoms of COVID-19, test positive for COVID-19, or have contact with anyone with a positive diagnosis of COVID-19 within 14 days of any planned activity, I will not attend.

If not vaccinated, I agree to the following during the above listed activities:

Have a mask on my person at all times during the activity.

Wear a mask, covering my mouth and nose when within 6 feet of anyone not a part of my household group.

When possible, maintain at least 6 feet of social distance between myself and anyone not a part of my household group.

Use only the equipment and personal protective equipment issued to me.

X \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

