



Participant Registration, Release of Liability and Assumption of Risk Agreement

Organizer's Name: **Livingston County Environmental Association**

Organizer's Address: **PO Box 798, Pontiac, IL 61764**

Organizer's Website: <https://livingstoncountyenvironmental.org>

Date of Activity *September 21, 2024* City, State of Volunteer Activity: *Pontiac, Illinois*

Volunteer Name (please print): _____

Name of Group or Organization (please print): _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

To opt out of being added to LCEA email list (except for purposes of this event), check here.

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

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of Livingston County Environmental Association (hereinafter "LCEA") or American Rivers (LCEA and American Rivers being hereinafter referred to as "Sponsors") for this event. The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Sponsors or others, 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 the Sponsors and their officers, agents and/or employees, other participants, sponsors, advertisers, partners, and, if applicable, owners and lessors of premises used to conduct the event (LCEA, American Rivers and all such persons being hereinafter referred to as "RELEASEES"), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the RELEASEES or otherwise, to the fullest extent permitted by law.
5. Any dispute between the Sponsors and myself will be governed by the substantive laws of the State of Illinois. Any action or proceeding arising hereunder shall be brought in the courts of Livingston County, Illinois.
6. I grant to the Sponsors and their representatives and employees the right to take photographs at this event of me and of any minor participants for which I am the parent or guardian. I authorize Sponsors, their assigns and transferees to use such photographs, with or without names, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content, and to copyright, use and publish the same in print and/or electronically.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____

Participant Signature	Age	Date	Emergency phone number
------------------------------	------------	-------------	-------------------------------

FOR PARENTS/GUARDIAN 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, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature if under 18 years	Date	Emergency phone number
---	------	------------------------