



## Johnson Creek Watershed Council

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1900 SE Milport Rd, Suite B • Milwaukie, OR 97222  
Phone: 503-652-7477 • Fax: 503-652-7188  
info@jcwc.org • www.jcwc.org

### YOUTH VOLUNTEER WAIVER

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<b>First Name</b>	<b>Last Name</b>	<b>Birthdate</b>
<b>Phone(s)</b>	<b>Email</b>	
<b>Name of Emergency Contact</b> <i>*Please print clearly. Thanks!</i>	<b>Phone(s)</b>	<b>Relationship</b>

**Please read the following agreement and sign below:**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Johnson Creek Watershed Council, a non-profit organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Johnson Creek Watershed Council, its officers and directors, employees, agents, volunteers, sponsors and landowners from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the Johnson Creek Watershed Council, its officers and directors, employees, agents, volunteers, sponsors and landowners harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I hereby grant Johnson Creek Watershed Council the irrevocable right to use forever any film, video tape, audio tape, photographs, slides, or combination thereof, for inclusion in any promotional or advertising purposes, and I agree to appear without pay.

I hereby agree to read, listen to, and follow all safety instructions presented in conjunction with this project.

I hereby agree to use good judgment based on physical ability and to immediately terminate participation in the project if activities become too strenuous or difficult; I am physically and mentally fit and able to participate in this project.

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**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Parent/Legal Guardian's Signature --- required if under age 18** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Parent/Legal Guardian's Name --- please print** \_\_\_\_\_