



**AMERICORPS WATERSHED STEWARDS PROJECT
LIABILITY RELEASE, EMERGENCY MEDICAL INFORMATION,
AND PUBLICITY RELEASE FOR VOLUNTEERS**



Name: _____

Project Site: _____

Project Date: _____

Liability Release (must be signed for participation in projects)

I, the undersigned, attest that I am 18 years of age or older or the parent/legal guardian of the student who is a minor under 18 years of age. As such, I hereby consent to participate or give permission for said minor to participate in a community volunteer service project, sponsored by AmeriCorps and the California Conservation Corps. I hereby acknowledge that I, or said minor, will be voluntarily participating in the project and, as such, agree to assume any risks associated with the project. I hereby release, discharge, and agree not to sue AmeriCorps and the California Conservation Corps for any injury, death or damage to, or loss of personal property arising out of or in connection with the participation in the project from whatever cause, including active or passive negligence of anyone associated with the project. I hereby agree and hold harmless AmeriCorps and the California Conservation Corps, its members and staff, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with my, or said minor's, participation in the project. I have carefully read this release, hold harmless, and agree not to sue, understanding its contents. I am aware that it is a full release of all liability and I sign it on my own free will.

Participant Signature

Date: _____

Participant Name (please print)

Parent/Guardian Signature (if Participant is under 18 years of age)

Date: _____

Parent/Guardian Name (please print)

PERSON TO NOTIFY IN CASE OF ACCIDENT OR ILLNESS

Primary Contact

Name: _____ Relationship _____

Phone: (home) _____ (work) _____

Second Contact

Name: _____ Relationship _____

Phone: (home) _____ (work) _____

MEDICAL HISTORY OF PARTICIPANT (TO BE COMPLETED BY PARTICIPANT OR PARENT/GUARDIAN)

Name: _____

First

MI

Last

Date of Birth: ___ / ___ / ___

Doctor's Name _____ Phone: _____

Pre-existing medical conditions, *for example, allergies, asthma, recent break or sprain*: _____

Do you take any medications for you condition? (circle one) yes no

Do you have the medication with you? (circle one) yes no

If yes, please provide instructions for use:

Participant or Parent/Guardian Name (sign): _____ *Date:* _____

PUBLICITY RELEASE

I hereby authorize the AmeriCorps Watershed Stewards Project and the California Conservation Corps to use photographs or other media material pertaining to: _____ for the express purposes of AmeriCorps publicity and documentation.

Signature of Participant or Parent/Guardian: _____

Name (Print): _____

Date: _____