

**WORLD SALMON COUNCIL
SALMON WATCH PROGRAM
RELEASE AND WAIVER OF LIABILITY
REQUIRED OF ALL PARTICIPANTS**

Acknowledgment and Assumption of Risks

I understand that my child's participation in the Salmon Watch outdoor education program may expose him/her to a variety of hazards and risks, foreseen and unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. These inherent risks include, but are not limited to, serious personal injury, property damage, and death ("Injuries and Death"). The World Salmon Council has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Death can occur by natural causes or activities of other persons (other trip participants or trip leaders or third parties), animals, either as the result of negligence or because of other reasons. I appreciate that my child may have to exercise extra care for his/her own person and for others around him/her in the face of such hazards. I further understand that on these Salmon Watch field trips there may not be rescue or medical personnel or expertise necessary to address the Injuries and Death to which my child may be exposed. As a condition of my child's participation in the Salmon Watch program, I agree to assume full responsibility for all the risks that such participation may entail. My child's participation is entirely voluntary, and I elect to allow him/her to participate with full knowledge of the inherent risks.

Release and Indemnifications

In consideration of my child's being accepted to participate in the Salmon Watch program, I voluntarily elect to assume all risks of loss or damage to any property or any injury, including death, and hereby knowingly and freely and voluntarily release and agree to indemnify and hold harmless the World Salmon Council and its employees, Directors and Officers, volunteers, agents, collaborators, and sponsors from any and all liability, claims, demands or causes of action whatsoever by reason of any damage, loss, expenses, or injury or death arising in the course of my child's participation in the Salmon Watch program and from any and all liability for any act or omission or negligence or strict liability in obtaining, rendering or failing to obtain first aid or any kind of emergency medical care. This Release and Waiver of Liability shall be fully binding on the spouse, family, heirs, executors, administrators, successors, and assigns of the participant. I hereby authorize World Salmon Council and its employees, volunteers, agents and/or medical personnel to administer first aid and/or emergency medical treatment and/or to secure such medical services for my child that may be considered necessary. If any part of this Release and Waiver of Liability is unenforceable, the remainder of this Release and Waiver of Liability shall remain valid and fully enforceable.

Photo/Video Release (Please check one of the below boxes)

One of the best ways to explain our mission of connecting people to the natural world is through photographs and testimonials of program participants. To help tell the story about the positive effect our programs can have, we occasionally use these items in our promotional materials (e.g., brochures, newsletters, annual report, website, social media sites, grant proposals, news media, etc.)

YES – I grant permission as a participant in the Salmon Watch program to be photographed and/or videotaped by representatives of World Salmon Council. I agree that any such photograph or video shall be the property of World Salmon Council and/or its representatives and may be used by the World Salmon Council, at its discretion, for any publicity, marketing, and/or advertising purposes, and I hereby consent to and authorize such use without further consent or restriction.

NO - I do not grant permission to World Salmon Council or its representatives to use photos or video of me in any manner.

I HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE & WAIVER IN ITS ENTIRETY

I hereby authorize World Salmon Council and its employees, volunteers and/or agents to administer first aid and/or emergency medical treatment and/or to secure such medical services that may be considered necessary. If any part of this Release and Waiver of Liability is unenforceable, the remainder of this Release and Waiver of Liability shall remain valid and fully enforceable.

Student's Name _____ Parent/Guardian's Name _____

Teacher's Name _____ School _____

Signature of Parent/Guardian _____ Date _____

Emergency Contact: Name _____ Phone _____