



WORLD SALMON COUNCIL SALMON
WATCH PROGRAM

RELEASE AND WAIVER OF LIABILITY
*****REQUIRED OF ALL PARTICIPANTS*****

Please read our liability waiver carefully. By signing this waiver, you accept all the risks and terms within for your child to participate in this program.

Acknowledgment and Assumption of Risks

I understand that my child's participation in the Salmon Watch outdoor education program may expose him/her/them 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"). 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.

Release and Indemnifications

As part of the Salmon Watch program, I agree to indemnify, defend and hold World Salmon Council and its officers, employees, agents, volunteers, collaborators, and sponsors from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in the Salmon Watch Program and to reimburse them for any such expenses incurred.

Medical Treatment Authorization

I understand that an emergency may develop which necessitates the administration of medical care. 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. I understand that such treatment shall be solely at my expense. I understand that World Salmon Council has no obligation to provide or seek out any medical treatment for my child.

Severability

The undersigned agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon, and that 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.

Email Communications Consent (Optional)

By signing below, I acknowledge that World Salmon Council may send occasional email communications, including program updates, newsletters, and fundraising messages. I understand that I may opt out of these communications at any time by clicking "unsubscribe" at the bottom of any email or by contacting info@worldsalmon.org.

☐ **I do not wish to receive email communications from World Salmon Council**

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

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/them to participate with full knowledge of the inherent risks.

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

Parent/Guardians Email _____

Teacher's Name _____ School _____

Signature of Parent/Guardian _____ Date _____

Emergency Contact: Name _____ Phone _____