



CWAT Water Quality Monitoring Volunteer Liability Waiver



PARTICIPANT'S NAME: _____

ORGANIZATION (if any): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

CWAT volunteer water quality monitoring is a monthly volunteer, citizen science event.

Volunteers will be driving to sampling sites on their designated sampling routes and using YSI probes to collect chemical water quality data, either directly in the stream or using a bucket/rope to collect water from the bank or bridges, some adjacent to roadways. They will be recording data on monitoring sheets and picking up/dropping off sampling kits and equipment from PCS or partner organizations. Volunteers will be outdoors in uneven terrain near waterways and may encounter slipping and tripping hazards.

In consideration for participating in this event, I, _____ (Participant's Name) _____, hereby agree to indemnify and hold harmless the Partners for Clean Streams, Inc., Metroparks Toledo, TMACOG, sponsoring organizations, and all other volunteers, including these organizations directors, officers, agents, employees, volunteers, and their assigns against any and all damages, liabilities, injuries, losses, costs, claims and expenses (including legal fees) arising out of the activities of this event. I understand that part of this project may require me to be in or near a roadway and in or near waterways on public properties. I am responsible for any damage I cause to any person, personal property and/or public property while volunteering for this project.

By signing below, I hereby grant to the Partners for Clean Streams, Inc. and to its employees, agents and assigns the right to photograph me and/or my dependent and use the photo and or other digital reproduction of me/him/her or other reproduction of my/his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I further acknowledge and fully understand this activity is inherently dangerous and that injuries and/or death could occur as a result of my participation in this event.

SIGNATURE: _____ DATE: _____

SIGNATURE of Parent or Guardian (if under 18): _____

**Turn in this form before the event to Partners for Clean Streams –
admin@partnersforcleanstreams.org and kat@partnersforcleanstreams.org**