

Waiver for Participation in the SC Adopt-a-Stream Program

I understand that the South Carolina Adopt-a-Stream program involves collecting water quality data for screening purposes and entering that data into the SC AAS database. In electing to attend a training workshop I agree to the following:

1. I assume full responsibility for any risk of loss, property damage, or personal injury (including death) which may be sustained by myself or anyone outside the program that accompanies me, including any minor under my care, due to participation in the program.
2. I certify that I have adequate resources necessary and agree to provide for and pay for any medical costs that may directly or indirectly result from participation in this program.
3. I understand that participating in this program may include potentially hazardous activity, which may cause injury or death, and that should not be conducted alone. The participant is medically able and physically fit to carry out the field work required by this program. I assume all risks associated with participating in this program, including but not limited to tripping, slipping, falling, insect bites/stings, and thorns and briars from plants.
4. I understand that photographs may be taken at training workshops and give the SC Adopt-A-Stream program permission to take and use photographs that may include individuals attending workshops to be published for any lawful use.
5. I hereby release, waive, and discharge SCDES and Adopt-A-Stream from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or are related in any way to my participation in this program.
6. I understand that I am fully responsible for any minor under my care participating in a training event.

I have carefully read this permission and release of liability form and understand the provisions contained herein. I attest and verify that I have full knowledge of the risks involved in participation with this program.

Participant Name (Please print): _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Signature of parent or guardian is **REQUIRED** if participant is under 18 years of age.*

