



**California Conservation Corps
Watershed Stewards Program
in partnership with AmeriCorps
Volunteer Liability Release- Youth**



WSP Project Location: _____

Date: _____

Liability Release

(must be signed for participation in volunteer project)

I, the undersigned, attest that I am 18 years of age or older and the parent/legal guardian of the minor(s) under 18 years of age. As such, I hereby consent to participate or give permission for said minor(s) to participate in a community volunteer service project, sponsored by the Watershed Stewards Program and the California Conservation Corps. I hereby acknowledge that I, or said minor(s), 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 the Watershed Stewards Program, the State of California, and/or the California Conservation Corps, their employees, agents, and/or representatives 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 the Watershed Stewards Program, the State of California, the California Conservation Corps, and their, and each of their Corpsmembers, staff, and agents 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. By signing below, I hereby authorize the Watershed Stewards Program and the California Conservation Corps to use photographs or other media material pertaining for the express purposes of publicity and documentation and that that this agreement compliments and does not replace or take precedence over the accompanying CCC 10 (if any).

PLEASE PRINT:

Have you volunteered with WSP since October 1st?

Participant 1 Name: _____ **Date of Birth:** _____ **Yes** **No**

Participant 2 Name: _____ **Date of Birth:** _____ **Yes** **No**

Participant 3 Name: _____ **Date of Birth:** _____ **Yes** **No**

Participant 4 Name: _____ **Date of Birth:** _____ **Yes** **No**

Parent/Guardian Name (please print): _____ **Will you be participating?** **Yes** **No**

Have you volunteered with WSP since October 1st? **Yes** **No**

Parent/Guardian Signature: _____ **Date:** _____

Person to Notify in Case of Accident or Illness

Primary Contact

Secondary Contact

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____