

## SAFETY INFORMATION, RELEASE & WAIVER OF LIABILITY

Safety precautions, recommendations and regulations will be in place at all times during a Clinton County Conservation Board (CCCB) event.

- **Safety policies, procedures and recommendations will be reviewed.**
- **Personal Floatation Devices (PFDs – life jackets of appropriate size) *are required* to be worn at all times when participants are actively participating in any and all water activities.**

**By signing below, the parent/legal guardian of the minor agrees to the terms and conditions of this waiver, and authorizes the designated legal adult named below to be responsible for the minor.**

The parent/legal guardian(s), by signing below, recognize that the program involves some risk and that she/he takes responsibility for all action or injury that may result in participating.

I, \_\_\_\_\_ (parent/legal guardian name), hereby release, waive, discharge and covenant not to sue the County of Clinton, Clinton County Conservation Board, or other agencies, partners, cooperating landowners, event volunteers and coordinators, sponsors, and any of the offices, servants, agents and employees of the above-mentioned entities (hereinafter referred to as "RELEASEES") for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including but not limited to drowning or other event-related death, that occurs as a result of a CCCB event. I agree to indemnify and hold harmless the RELEASEES whether injury is caused by the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

Participants understand that photographs may be taken during the program and may be used in the future to chronicle and publicize the program.

**By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.**

I/we (name(s) of parent/legal guardian) \_\_\_\_\_ authorize (name of child) \_\_\_\_\_  
to be accompanied on the trip by (name of authorized adult companion) \_\_\_\_\_ CCCB Staff \_\_\_\_\_

**Signature(s) of Parent/Legal Guardian** \_\_\_\_\_

**Printed Name(s) of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail to CCCB, % Jessica Steines, PO Box 68, Grand Mound, IA 52751.**