

## **Volunteer Release & Guardian Waiver Form**

This form is to be completed in pen by the legal guardian of the minor volunteer only if the guardian will not be present during the volunteer time. The completed form will be collected at registration.

One form is needed for each StreamTeam volunteer opportunity unless specified on this form (i.e. list of dates minor will be volunteering). Eradication Nation is a program of StreamTeam and considered a StreamTeam event.

Thank you for joining the team! We c	ould not bring salmon back to Salmon	Creek without you!
The StreamTeam event will take place on There will be snacks and lighter refreshments provided. Since beverages will be available we encourage you to bring a reusable mug. Please see your confirmation email for meeting location information and suggestions on preparing for the event.		
Please wear weather and work appropriate. Please be prepared to have a g	•	boots, hat) since our events are rain or
Volu	unteer Hold Harmless and Indemnity	Agreement
am acting in the capacity of an independ Public Utilities shall not be obligated to volunteer duties. I agree that I will be so serving as a volunteer for Clark Public U of and from all damages to property, ma Public Utilities. I do further agree to inde demands, suits, damages, costs, losses,	eer guardian, understand that I am not of dent contractor and I am therefore not of any person, firm, or corporation for any olely responsible for all of my own action ltilities. Accordingly, I hereby agree to independent edical expenses or personal injuries I made emnify and hold the Clark Public Utilities expenses, actions, or proceedings of any thotographs of me may be taken and if I	an employee of Clark Public Utilities and that I covered under Worker's Compensation. Clark acts arising from the performance of my as and for any injuries I may receive while demnify and hold Clark Public Utilities harmless by incur or sustain while volunteering for Clark as harmless of and from any and all claims, y kind or nature whatsoever arising during my do not wish to be photographed I must notify
Name of Minor:	Group:	
Street address:	How did yo	ou hear about the event?
City/state/zip:		
Email:		
Phone: ()		
Guardian signature:	Date:	
Guardian name:		