

Perkiomen Watershed Conservancy 1 Skippack Pike Schwenksville, PA 19473 www.perkiomenwatershed.org 610.287.9383 (Office)

Environmental Education

Watershed Stewardship

Conservation Programs

PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Perkiomen Watershed Conservancy programs or activities, now or at any time in the future.

ACKNOWLEDGMENT OF RISK

I, do hereby acknowledge and agree that participation in any activities comes with inherent risks. I have full knowledge and understanding
of the inherent risks associated with any activity or program participation, including but in no way limited to: (1) slips, trips, and falls, (2)
aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge
that the preceding list is not inclusive of all possible risks associated with any activity or program participation and that said list in no way
limits the operation of this Agreement INITIAL

CORONAVIRUS / COVID-19 WARNING & DISCLAIMER

I, do hereby acknowledge that Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact, including but not limited to talking, coughing, and sneezing. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Perkiomen Watershed Conservancy programs or accessing Perkiomen Watershed Conservancy facilities could increase the risk of contracting COVID-19. Perkiomen Watershed Conservancy in no way warrants, claims, or guarantees that COVID-19 infection will not occur through participation in Perkiomen Watershed Conservancy programs or by accessing Perkiomen Watershed Conservancy facilities.

I, do hereby voluntarily seek services provided by Perkiomen Watershed Conservancy and acknowledge that this increases the risk of exposure to the Coronavirus/COVID-19.

I, do hereby acknowledge that I (for myself, my child, and any immediate household members) must comply with all set procedures to reduce the spread of COVID-19 while participating in Perkiomen Watershed Conservancy programs, as promoted by the CDC and established herein.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States in the last 14 days.
- * To the best of my knowledge, I have not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet been cleared as non-contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting our exposure to the Coronavirus/COVID-19. _____INITIAL

I have read and fully understand and acknowledge the contents of the release and agree that I am voluntarily waiving, releasing, indemnifying and discharging Perkiomen Watershed Conservancy facilities and programs and its officers, directors, employees and volunteers from any and all liability, damages, and each and every action by participation in and/or associated with the program including, but not limited to exposure or transmission of the Covid-19 virus.

Participant Name	
Participant Signature	Date



Participant Signature

Perkiomen Watershed Conservancy 1 Skippack Pike Schwenksville, PA 19473 www.perkiomenwatershed.org 610,287,9383 (Office)

Environmental Education Watershed Stewardship Conservation Programs

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE In consideration of my participation in Perkiomen Watershed Conservancy activities and programs, I, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Perkiomen Watershed Conservancy, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Perkiomen Watershed Conservancy on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Perkiomen Watershed Conservancy facilities/equipment or participation in Perkiomen Watershed Conservancy programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. In consideration of my participation in activities and programs, I, the undersigned, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in Perkiomen Watershed Conservancy activities and programs. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in any activity and program participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in any activities and programs and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and have no conditions or impairments which would preclude my safe participation in any activities and programs. I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. Participant Name (Print Clearly) Date