



Wells National Estuarine Research Reserve

VOLUNTEER LIABILITY WAIVER

The undersigned, _____, does hereby acknowledge and assumes the risk of participation in any and all activities for the Southern Maine Volunteer Beach Profile Monitoring Program at any and all locations where profiling activities take place, including but not limited to accepting a ride from a fellow volunteer and offering to drive fellow volunteers to and from profiling sites. He/she/they does hereby acknowledge that he/she/they will release Maine Sea Grant Extension, its officers, staff members, volunteers, advisors, property owners, and/or agents in any location where profiling activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said individual or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she/they shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her/them as a result of his/her/their participation in any and all profiling activities as aforesaid. He/she/they also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she/they is still liable for medical treatment and all related costs in the event of an injury to him/her/them as a result of his/her/their participation in any and all activities involving the Southern Maine Volunteer Beach Profile Monitoring Program as aforesaid.

The person executing this release acknowledges that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above.

Signature: _____ Date: _____

Print: _____ Date of Birth: _____

Emergency Contact Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name _____ Relationship _____

Address _____
Street City State Zip

Phone (____) _____ (____) _____
Home Cell

Do you have any medical conditions or medication that emergency personnel should be aware of:

