Georgia Adopt-A-Stream
Workshop Sign-In List and Waiver

WORKSHOP: ☐ Intro ☐ Watershed/Visual ☐ Chemical ☐ Bacterial
☐ Macroinvertebrate ☐ Amphibian ☐ Trainer

Workshop Trainer (s): _____ **Date:** _____

Location: _____ **Time:** _____

Please read the following and sign in below

- I understand that there are risks of injury or death, or damage to property involved in my participating as a volunteer, that it is my responsibility to insure the safety of any equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this volunteer assignment. I waive and release the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury or death, or damage to property that may occur as a result of or in connection with this assignment, and agree to pay, protect, indemnify and save the Department and its staff and representatives harmless from and against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons, or damage to property arising from, by reason of or in connection with my participation as a volunteer.
- I further warrant that my health and physical condition are sufficiently good to allow me to participate without danger to others or myself.
- I agree that any pictures or videos taken of me during the workshop can be used by Georgia Adopt-A-Stream for future promotional campaigns. I have read this entire form, including the health, acceptance of risk waiver, release and indemnification provisions.

Please print all fields. If under the age of 18, please only provide email address)

Name: _____

Email: _____ **Phone Number:** _____

Full Address: _____

Are you: ☐ A Teacher ☐ A Student ☐ Under 18

Emergency Contact Name: _____

Relationship: _____ **Phone Number:** _____

Would you like to receive our newsletter? ☐ Mail ☐ Email ☐ Neither

Signature: _____