



Participant Release and Acknowledgement of Risk and Photo Release

Kinnickinnic River Land Trust Autumn Hike at The Community Forest

Friday, September 30 or Friday, October 14th The Community Forest in River Falls, WI.

We encourage all individuals (staff and volunteers) to follow CDC recommended guidelines on COVID-19.

Date/Location of Activity: Friday, September 30 or Friday, October 14th The Community Forest in River Falls, WI.

Organizer: Kinnickinnic River Land Trust, Inc.

This document must be signed by all attendees. If the attendee is under the age of 18, this document must be signed by his or her legal guardian.

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 do not believe I have 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 cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

Participation Activity: For the duration of the event, I understand that it is recommended to wear a surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to yourself and others. It is also recommended to either wash or sanitize their hands after using the restroom, sneezing, coughing, and before and after eating meals. Kinnickinnic River Land Trust Inc. will be following the WIDNR Guidance on Volunteer Activity During COVID-19 Guidelines. I understand that no organization is providing insurance coverage for me.

Release from Liability: In consideration for being allowed to participate in ***Autumn Hike at The Community Forest*** as a participant, I, binding my heirs, executors, administrators, and assigns, hereby fully and forever release, waive, discharge, acquit and exonerate Kinnickinnic River Land Trust, Inc., the organizer of ***Autumn Hike at The Community Forest*** in which I am participating, from any and all claims, actions, remedies and complaints of any kind, except for claims for gross negligence or willful misconduct, which I have or may have, whether known or unknown, arising out of or relating to ***Autumn Hike at The Community Forest*** or my participation for this event, including specifically all claims for personal injury, paralysis, wrongful death, property damage and any other injury I may sustain.

Continue and Sign on back side. Assumption of Risk: I assume all risks of participating in ***Autumn Hike at The Community Forest*** and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering. I understand that the Kinnickinnic River Land Trust, Inc. is not responsible for conditions I create for myself or those created by other volunteers or participants. I am aware that ***Autumn Hike at The Community Forest*** activities may be hazardous, involving risk of serious bodily injury, death, or property damage. I am voluntarily participating in these activities with knowledge of the risks. These risks include, but are not limited to, slips, falls, exposure to hazardous materials, object or persons falling on persons, equipment failure, injury from sharp equipment, improperly administered first aid, lightning strikes, hypothermia, and/or drowning. I understand that if the location of the activities is remote and not easily accessible, that medical treatment may be delayed. I am voluntarily assuming any and all risks that notwithstanding the Kinnickinnic River Land Trusts best efforts to implement and require compliance with the prevention and mitigation measure I may be exposed to the coronavirus and may become ill with COVID-19, and that such exposure and illness may result in personal, injury, illness, temporary or permanent disability, or even death.

I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity. I will be personally responsible for my own safety during these activities and assume all risks and accept full and complete responsibility for any and all damages and personal injury of any kind, including death. I recognize Kinnickinnic River Land Trust, Inc., its agents, volunteers and affiliates make no representations whatsoever as to whether the Kinnickinnic River, its tributaries, and any other land or water area included in the **Autumn Hike at The Community Forest** are safe or as to whether the safety recommendations provided are comprehensive or adequate.

I grant to Kinnickinnic River Land Trust, Inc., its representatives, and employees the right to take photographs at this event of me and of any minor participants for which I am the parent or guardian. I authorize Kinnickinnic River Land Trust, Inc., its assigns and transferees to use such photographs, with or without names, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content, and to copyright, use and publish the same in print and/or electronically.

I have read and understood the above document and that I voluntarily, freely and without duress agree to its terms. This waiver is valid for one year after your dated signature: