



# Volunteer Release of Liability Waiver Form

## Storm Drain Marking Volunteer Event

### Volunteer Information

Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Release and Waiver of Liability

I, the undersigned volunteer, acknowledge and agree to the following:

**Assumption of Risk:** I understand that participation in the storm drain marking activity involves certain inherent risks and hazards, which may result in personal injury, illness (including but not limited to exposure to hazardous materials), or property damage. I voluntarily assume all risks associated with my participation in this activity.

**Release of Liability:** In consideration of being permitted to participate in the storm drain marking activity, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and hold harmless the City of Melbourne, Florida; Brevard County, Florida; SparkTide LLC; and Stella Maris Environmental Research; including their employees, officers, directors, agents, and affiliates (collectively referred to as "Released Parties"), from any and all claims, liabilities, demands, actions, or causes of action of any kind arising out of or related to my participation in this activity, including but not limited to claims for personal injury, property damage, or wrongful death.

**Medical Treatment:** I consent to receive medical treatment deemed necessary if I am injured or require medical attention during my participation in the activity. I agree that the Released Parties are not responsible for any medical or other costs incurred as a result of such medical treatment.

**Compliance with Instructions:** I agree to follow all instructions and guidelines provided by the event coordinators and staff. I understand that failure to comply with these instructions may result in my removal from the activity.

**Photography and Media Release:** I grant permission to the City of Melbourne, Florida; Brevard County, Florida; and SparkTide LLC to use photographs, videos, and other media recordings of my participation in the activity for promotional and educational purposes without compensation.

**Governing Law:** This Release and Waiver of Liability shall be governed by and construed in accordance with the laws of the State of Florida.

By signing below, I acknowledge that I have read and understood this Release and Waiver of Liability and agree to its terms. I am signing this document freely and voluntarily.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if volunteer is under 18)