

**Department of State Lands
South Slough National Estuarine Research Reserve
Activity Waiver and Release of Liability**

I, _____, in consideration of the opportunity to participate in
(Participant's Name)

_____ acknowledge that I have read and understand the following and voluntarily agree to its terms and conditions:

- I agree to abide by the following rules:
 - Follow safety and other instructions provided by Reserve Representative.
 - Share in the responsibility for my own safety and not endanger others who are participating in the Activity.
 - Operate and use equipment, tools, and materials in a safe manner.
 - Immediately report all defective equipment and/or unsafe acts and dangerous conditions to the Reserve Representative.
 - Immediately report all injuries to the Reserve Representative.
 - Refrain from use or being under the influence of alcohol or drugs when participating in the Activity.
- Failure to abide by these rules may result in injuries or being asked to leave the Activity.
- I understand that participation in the Activity is voluntary.
- I acknowledge that I have the physical capacity reasonably necessary to engage in the Activity, and am aware that the Department of State Lands/ South Slough National Estuarine Research Reserve does not provide medical insurance coverage. Participants engaging in activities requiring physical activity are encouraged to have a physical examination and obtain adequate health and accident insurance prior to participating in the Activity.
- I understand that the Department of State Lands/ South Slough national Estuarine Research Reserve, together with its agents, officers, and employees, accept no responsibility for theft or other loss of money, valuables, or personal effects of participants when engaged in the Activity. I am aware that I am solely responsible for my own personal property during my participation in the Activity.
- In case of emergency, accident, illness, or other incapacity occurring during these activities, I give permission for emergency rescue and/or to be treated by a professional medical person and admitted to the hospital if necessary. I agree to be the party responsible for all rescue and/or medical expenses that are incurred on my behalf regardless of whether I have authorized such expenses.
- **I agree to indemnify, defend and hold harmless the State of Oregon, Department of State Lands, South Slough National Research Reserve, together with their officers, employees and agents from all claims, suits, or actions of any nature, including but not limited to negligence, arising out of my participation in the Activity. I understand that this Waiver and Release of Liability binds my heirs, executors, administrators, and assigns, as well as myself.**
- I understand that the Activity presents certain risks of injury due to the inherent nature of the Activity. These risks include, but are not limited to, personal injury or death arising from drowning, falls, or accident. Understanding the risks involved, I knowingly and voluntarily choose to take the risks in order to participate in the Activity.

Participant's Name: _____

Signature: _____ Date: _____

Signature of Parent/Guardian if participant is a minor: _____

Participant's Address: _____

City: _____ State: _____ ZIP: _____