

RIVER DISCOVERY

Liability Release Form

This form must be completed and signed by every participant. Please read carefully before signing.

I understand that accidents occur during camp activities and that participants may sustain serious personal injury, death, and property damage as a consequence thereof. I acknowledge that I have been sufficiently briefed on the River Discovery, Inc. itinerary and I acknowledge that some or all of the activities may be of a hazardous nature and/or include strenuous exercise or activity and fully understand and accept this risk. I hereby assume those risks and to release and hold harmless River Discovery, Inc, and all camp officers, trustees, board members, employees, and volunteers from any and all liability claims for personal injury and /or property damages, costs, and expenses arising out of or connected in any way with participation in camp activities. I further acknowledge that River Discovery, Inc. accepts no responsibility for the loss, damage or theft of personal property. I further acknowledge that River Discovery, Inc. is not a medical camp and will not be responsible for my medical care.

Volunteer's Printed Name

Volunteer's Signature

Date

Photo Release

I give River Discovery, Inc. permission to use any photographs, pictures and visual and audio tapes of me for TV, radio, print media, newsletter, brochure, press release, camp album or website resulting from attending River Discovery, Inc.'s Adventure Program.

Volunteer's Signature

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Background Check Disclosure and Authorization

Disclosure

As a volunteer or staff member of a River Discovery Adventure Program, you are required to submit to a background investigation. This investigation will include a criminal record check and an address history check.

If a volunteer or staff member will be driving participants, a driving record check will also be included in the investigation.

Any volunteer or staff member has the right to obtain additional information as to the nature and scope of the investigation requested.

Authorization:

I, _____ (print name) give River Discovery, Inc. authorization to perform a background check on me as a requirement for volunteering for or staffing a River Discovery Adventure Program. Furthermore, I understand that I will be subject to a background check annually and this authorization will be current for as long as I volunteer or staff a River Discovery Adventure Program.

I understand that I can request a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* from River Discovery, Inc. at any time. Initials: _____

I understand that my social security number is required to perform the background investigation. Initials: _____

Social security number: _____

Signature: _____

Print name: _____ Date: _____

Address: _____

If you are asked to drive participants in a River Discovery, Inc. Adventure program please provide the following:

State driver's license issued in: _____ License #: _____

Auto insurance company: _____ Policy #: _____

Policy expiration date: _____