LIABILITY FORM

My signature below confirms that I, am 18 years of age or older and that I am willfully participating in the **ADOPT-A-STREAM** program.

I agree to my participation in the activity named above and I hereby waive any and all claims against and release, hold harmless, and discharge the coordinator(s), the sponsor, and the City of Oak Ridge, Tennessee, its successors and assigns, and any and all of its agents, employees and servants, from any and all liability of every kind, character and description whether caused by negligence, breach of contract, strict liability, or otherwise, from and by reason of any injury or death suffered by me that may arise while participating in the activity named above. In the event of an emergency, the coordinator(s) have my authorization to obtain emergency medical treatment for me at my expense.

By signing this document, you hereby agree to the release of any and all claims against the coordinator(s), the sponsor, and City of Oak Ridge as outlined above.

Name	Signature	Email	Date	Emergency Contact/Phone #