

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, the undersigned, understand that the James River Regional Clean Up involves risk of injury and property damage to all participants, regardless of whether the participants are on or in the James River, Falling Creek (Ironworks) Appomattox River or whether they remain on the shoreline. These waters can be dangerous and the shoreline areas can be steep and unstable and otherwise hazardous. I assume all risk of injury and damage which might occur to myself or to the other participants listed below. I also certify that I have explained all of these risks to the participants listed below. I also understand that no participant whose name is not listed below is authorized or permitted to participate in the James River Regional Clean Up program.

I, the undersigned, do hereby forever, jointly and severally, release and discharge Appomattox County, Buckingham County, Charles City County, Chesterfield County, Cumberland County, Powhatan County, Goochland County, Henrico County, City of Richmond, the Commonwealth of Virginia, Virginia Tech, Kingsland Reach Marina, Virginia Commonwealth University, James River Association, James River Advisory Council (JRAC) and their agents, officers, employees and representatives from any and all liability, claims, demands, judgments, damages, actions and causes of actions resulting from my participation or the participation of the persons listed below, or any one of them, in the James River Regional Clean Up.

Acceptance of this assumption of risk and release of liability is not to be construed and shall not be construed as a waiver of the immunity of Appomattox County, Buckingham County, Charles City County, Chesterfield County, Cumberland County, Powhatan County, Goochland County, Henrico County, City of Richmond, the Commonwealth of Virginia, Virginia Tech, Kingsland Reach Marina, Virginia Commonwealth University, James River Association or JRAC or of any of their agents, officers, employees or representatives.

In witness whereof, the parties have executed this document this ____ day of June, 2011.

Name of Participant/Guardian(over 18) (**Print**)

Address: _____

Phone: _____ E-mail: _____

Signature: _____

List all participants (under 18) (**Print**)

1. _____

2. _____

3. _____

Emergency Contact:

Name: _____

Phone: _____

Boater

Photo Release

Administrative Use Only

Registration Number: _____

Group Name: _____

Name of Witness: _____