Participant Assumption of Risk and Photo Release

What to expect:
Water Action Volunteers (WAV) baseline stream monitoring trainings are hands-on group field trainings that are outdoors alongside a wadeable stream! Trainings are open to people of all abilities. No experience is necessary! Everyone will be invited to wade into the stream to collect data as part of the training. We also have roles for those who want to keep their feet dry, such as analyzing water samples with chemicals to test for dissolved oxygen, identifying macroinvertebrates collected from the stream, and recording data on the WAV datasheet. All monitoring equipment, including gloves and safety glasses, will be provided.

- **Streams are moving waters** and WAV participants enjoy watching them change throughout the seasons. We may encounter slippery surfaces, steep banks, deeper pools where fish like to hide, and areas of stronger currents. Boots and waders will be provided for participants to use, or you can bring your own. You are encouraged to wear a life jacket for safety.

- **Dress appropriately for being in the field and prepare for weather** such as rain, wind, and hot or cold temperatures. Come prepared with whatever you need to be comfortable for 3.5 hours, such as sunscreen, bug spray, a hat, a rain jacket, warm layers, water, snacks, or even a camp chair or stool for sitting on. The training will only be cancelled if there is lightning, thunderstorms or severe weather. We will send an email the day before the training to notify participants.

- **Some training sites are located in remote areas with limited cellular reception** while others are located in urban areas. It's good practice to have a first aid kit on hand and be familiar with nearby health care centers in case you need them.

I understand that the physical activity related to this Water Action Volunteers stream monitoring training, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

I desire to participate voluntarily in the event. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT THE ABOVE-LISTED PROGRAMS AND ACTIVITIES, I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.

Participant (Printed name): _____

Date: ____/____/____

Participant signature: _____

→ Photo release on back

Photo release:

I recognize and acknowledge that the University and the partnering organization may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University and the partnering organization to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

☐ Yes, I grant permission for photos or other recordings of me to be used.

☐ No, I don't grant permission for photos or other recordings of me to be used.