

**Hamilton County Soil and Water Conservation District & Clermont County  
Soil and Water Conservation District  
Volunteer Project  
Registration & Release**

Please **PRINT** Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check one:  I am 18 years of age or over.

I am under 18 years of age. (*\*Please see bottom of page.*)

How did you find out about this volunteer event (SLW website, Facebook, email, friend, etc)?

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***Please read carefully before signing.***

I hereby release, discharge, and hold harmless the Hamilton County Soil and Water Conservation District and the Clermont Soil and Water Conservation District its agents, employees, attorneys, directors, donors, sponsors, and volunteers from all claims or whatever nature, including but not limited to personal injury or death and property damage.

I understand that there are risks, known and unknown, associated with volunteering for outdoor projects, including but not limited to injury by gardening tools and hazardous or hidden substances or materials; and I assume all such risk arising from this volunteer activity.

I understand that Hamilton County Soil and Water Conservation District and the Clermont Soil and Water Conservation District employees nor all other volunteers are qualified to administer emergency medical or first aid care. I consent to the securing of an emergency vehicle on my behalf in the event that I am incapacitated or injured.

I also consent to the use of my photograph, without compensation or payment, or likeness in connection with publicity or information about the Hamilton County Soil and Water Conservation District and the Clermont Soil and Water Conservation District.

Please sign here if you are age 18 or over:

X \_\_\_\_\_  
Signature Date

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***For volunteer under age 18:***

I hereby execute this release on behalf of the above-named minor volunteer, who is below the age of 18, and represent and warrant that I am a parent or guardian authorized to execute this release on behalf of such minor.

I also consent to the use of their photograph, without compensation or payment, or likeness in connection with publicity or information about the Hamilton County Soil and Water Conservation District and the Clermont Soil and Water Conservation District.

X \_\_\_\_\_  
Name of Parent or Guardian

X \_\_\_\_\_  
Signature Date