

**Assateague Coastal Trust, Inc. (ACT) Waiver of
Liability and Mutual Agreement for Protection
from Liability**

As an ACT volunteer, I understand I may freely choose to be involved in activities requiring physical activity, activities in or on the water, travel, contact with foreign and unidentified substances and other potential risks of injury or death. I agree that I will only perform activities that I am competent to perform and feel comfortable doing. I assume any and all risks, whether known or unknown, associated with performing each activity.

I hereby release ACT, its officers, directors, employees, agents and volunteers from any and all actions, causes of action, claims or any liabilities whatsoever, including negligence, for any harm that befalls me, or any boat or equipment in my possession or control that arises out of my activities as an ACT volunteer. I also agree to indemnify and hold harmless ACT for any damages or liabilities to third parties that arises out of my activities as an ACT volunteer. My waiver has no expiration date.

This waiver is given in the interest of permitting ACT volunteer programs to exist and to serve the community at large, and to enable myself to feel free to participate as an ACT volunteer without fear of liability.

Minors: If signing as the parent or legal guardian of a minor: I give my permission for my minor child (or children) to participate as an ACT volunteer, and give the same release as above on behalf of said minor(s). Further, I agree to indemnify ACT, its officers, directors, employees, agents and volunteers from claims by said minors arising from the minor's activities as an ACT volunteer.

Print Name: _____

Signature: _____

Date: _____