

**Kiski-Conemaugh Stream Team
430 Main Street
Johnstown, PA 15901**

Waiver of Liability

I, _____, have volunteered to donate my time and effort for the Kiski-Conemaugh Stream Team. I understand that by volunteering for the Kiski-Conemaugh Stream Team I may be asked to participate in activities that have certain risks. I understand that my participation is voluntary and the Kiski-Conemaugh Stream Team will assume no liability as a result of my activity. As a precondition to my volunteering for the Kiski-Conemaugh Stream Team, I hereby release all claim of liability against the Kiski-Conemaugh Stream Team from any injuries that may occur as a result of my participation.

Volunteer

Witness

Print Name

Print Name

Signature

Signature

Date

Date

Should your situation change in any way, please contact the Kiski-Conemaugh Stream Team at (814) 532-5049 so that we may make appropriate arrangements.

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