

**University of Rhode Island**  
**VOLUNTEER PARTICIPATION REGISTRATION AND RELEASE FORM**

**PROGRAM:** URI Watershed Watch      **DEPARTMENT:** Natural Resources Science

**START DATE:** April 12, 2025      **END DATE:** October 31, 2025

**MONITORING LOCATION:**

**PARTICIPANT NAME:**

**ADDRESS:**

**TELEPHONE:**

Person to Contact in case of emergency:

NAME:

ADDRESS:

CELL PHONE:

OTHER PHONE:

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It is my understanding that while participating as a volunteer in a University of Rhode Island program I am not considered to be an employee and have no rights as an employee under the applicable laws of the State of Rhode Island or any rules in place under the Board of Governors for Higher Education or the University of Rhode Island.

I understand that it is my sole responsibility to determine my own fitness and ability to perform whatever task assigned and neither the University or its governing board, the Board of Governors for Higher Education assumes any obligation or responsibility to train me and may also assume that I am properly trained and/or qualified to perform such tasks.

**Liability:** You understand that although the University is the owner/operator of the vessel, or sponsor of any program, in which you are a participant, it does not assume any responsibility for any loss, damage or injury, including death, to your person or property which is not caused by the gross negligence or intentional acts or omissions of the University, its employees, students or agents, or which otherwise results from causes beyond its control. For your own security it is therefore recommended that you obtain your own insurance or determine whether your existing insurance will protect you and your belongings.

**WAIVER:** I expressly waive and forever release to the University any right or rights that I have or which may accrue to me, my heirs, executors, administrators, successors and assigns, for compensation, damages arising out of my participation as a volunteer and which is not caused by the gross negligence or intentional acts or omissions of the University, its employees, students or agents.

**CONSENT:** I hereby consent, (if a minor, the undersigned parents or guardians hereby consent) to emergency medical treatment or procedures in the event that I am unable to give

*(Please turn over to complete)*

my actual consent and agree to remain solely responsible for all related costs and expenses, if any, and further agree (if a minor, the undersigned parents or guardians agree) to indemnify, defend and hold harmless the University from payment and/or liability in connection with said costs and expenses.

I also consent to having my volunteer hours and data available for use as match in grants. Further, I understand that all data collected through the URI Watershed Watch program is public information and consent to having it publicly available and shared.

**INDEMNIFICATION:** The undersigned parent or guardian hereby consents to the participation of the minor as a volunteer participant and further agrees to indemnify, defend and hold harmless the University from and against any and all claims of the participant, or which are derived therefrom, for any losses, damage or injury, including death, to the person or property of the participant not caused by the gross negligence or intentional acts or omissions of the University, its employees, students or agents or which otherwise results from causes beyond its control.

**PLEDGE:** I agree to comply fully with all rules and regulation of the University and further agree that my participation as a volunteer may be terminated by the University, without recourse on my part, for failure to comply with said rules and regulations.

IN WITNESS WHEREOF, I/We have signed this instrument in consideration of my participation as a volunteer on the

\_\_\_\_\_ day of \_\_\_\_\_, 2025

Participant Signature \_\_\_\_\_

Parent or Legal Guardian Name (s) (please print)

\_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_

\_\_\_\_\_

***(Please turn over to complete)***