



**Edgewood Waterfront Preservation Association (EWPA)  
Volunteer Risk Acknowledgement and Covenant Not to Sue**

I, the undersigned participant in the volunteer activities of the EWPA, acknowledge that there is a risk of danger and potential for bodily injury in this activity. I agree to be both physically and mentally prepared and equipped with appropriate gear and clothing when I participate in these activities. I agree to remain aware of the risks involved and to conduct myself in an appropriate manner. I acknowledge that I (and not the EWPA nor anyone else) am solely responsible for my own safety, and that the activities in which I become involved are at my own risk.

Therefore, for myself, and for my spouse, domestic partner, heirs, successors, children, legal representatives, and assigns, I do hereby release and forever discharge the EWPA and the City of Cranston and any other municipality, sponsor, contributor, volunteer or property owner, or their agents, officials and employees from any and all liability for any personal injuries or other losses or damages which may be suffered in connection with the said activities.

Further, I covenant not to sue, on behalf of myself, my spouse, domestic partner, heirs, successors, children, legal representatives and assigns, the municipalities, the EWPA or any other organization, sponsor, contributor, volunteer or property owner or their agents, officials and employees for any personal injuries or other loss or damages occasioned during such activities.

I agree that this Risk Acknowledgement and Covenant Not to Sue is intended to be as broad and inclusive as permitted by the laws of the State of Rhode Island and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect provided, however, that the foregoing provisions shall not limit the liability of anyone who may be personally guilty of willful or reckless actions resulting in injury.

I state that I have carefully read all the above, that I understand it, and that this document is signed of my own free will.

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Printed Name of Participant

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Signature of Participant

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Signature of Parent/Guardian (If participant is under 18 years of age).  
*NOTE: Persons under 16 must be accompanied by a parent or guardian.*

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Date

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Name and phone number of emergency contact



RIGHT TO USE IMAGE. I irrevocably give, grant, and convey to EWPA, its successors, agents, and assigns, without compensation, the absolute right and unrestricted permission to copyright and/or use and/or publish (1) my name (2) my image or likeness on videotape or digital imaging, and (3) photographic pictures of me made through any media, in connection with photos or videotape taken of me for any legal purpose whatsoever, including but not limited to the promotion of EWPA. I further waive any right that I may have to inspect or approve the finished product. The videotape, photographs, and negatives will be the sole property of EWPA. I have read the foregoing and fully understand its contents.

\_\_\_ CHECK IF YOU DO NOT WANT YOUR NAME AND/OR IMAGE TO BE USED AS STATED ABOVE AND **NOTIFY THE VOLUNTEER COORDINATOR FOR EWPA AND/OR A LEADER OF YOUR ORGANIZATION** THAT YOU DO NOT WANT YOUR NAME AND/OR IMAGE TO BE USED.

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Signature of Participant

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Signature of Parent/Guardian (If participant is under 18 years of age).