

**Waiver of Liability**  
**City of Winston-Salem Adopt-A-Stream Program**

I, \_\_\_\_\_, of \_\_\_\_\_ County, North Carolina, for and in consideration of the City of Winston-Salem's permission to participate in the Winston-Salem Adopt-A-Stream program, an event coordinated by the Stormwater Division of the City of Winston-Salem and Keep Winston-Salem Beautiful, where by volunteers from the community collect trash from waterways around the City, do here by agree to release, indemnify and hold harmless the City of Winston-Salem and Keep Winston-Salem Beautiful, its agents, officers and employees and volunteers from any and all claims, liabilities, demands, damages, actions or causes of action of any kind or character (including, without limitation, attorney's fees costs and expenses) that may arise in any manner by reason of death, injury, damage to my person or property or both as a result of my participation in the Winston-Salem Adopt-A-Stream Program.

I understand that my participation may involve wading in streams, walking on steep stream banks and crossing private property and that I hereby assume the risks involved in these activities. Further, I understand that I am not required to perform any task that I believe to be too risky and that I may withdraw my participation from the program at any time. Finally, I will, at all times, be respectful of the property and privacy rights of those who own property abutting the adopted stream when conducting stream walks and clean ups.

I understand that during my participation in the Winston-Salem Adopt-A-Stream Program, I am subject to the rules and regulations of the City of Winston-Salem and Keep Winston-Salem Beautiful. I also understand and agree that this Waiver of Liability is binding upon my executors, administrators, personal representatives, collectors, heirs, successors and assigns.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Printed Full Name*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Full Name*

\_\_\_\_\_  
*Signature of Parent or Guardian if under 18*

\_\_\_\_\_  
*Printed Full Name*

Please return this form to:  
City of Winston-Salem/Stormwater Division  
PO Box 2511, Winston-Salem, NC 27102