

WAIVER OF LIABILITY

In consideration of voluntary participation and recognition of risk because of the recreational nature of the Skagit County Marine Biotoxin Volunteer Program, I hereby, for myself, my heirs, executor assigns, and personal representatives, waive and release any and all rights and claims for damages I now or may hereafter have, whether now known or unknown, against the Skagit Conservation District, and any employees, agents and volunteer workers thereof, for any injuries, and or losses suffered in connection with participation in said activities. Furthermore, I recognize that I am not an employee of the Skagit Conservation District. My involvement in the Skagit County Marine Biotoxin Volunteer Program is strictly voluntary.

PLEASE PRINT (Skagit County Marine Biotoxin Volunteer)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

Return to: Carla Glassman  
Skagit Conservation District  
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Mount Vernon, WA 98273  
[carla@skagitcd.org](mailto:carla@skagitcd.org)