



STORM DRAIN STENCILING PROGRAM
 PARTICIPANT/VOLUNTEER REGISTRATION AND PERMISSION FORM
PLEASE PRINT

Participant/Volunteer Name: _____

Organization or Group (if applicable): _____

Address: _____

City, State, Zip Code: _____

Email: _____

In signing this release, and in consideration of the voluntary participation of the Storm Drain Stenciling Program (hereafter called the "Project") for myself and/or that of any person(s) in my care, I agree to hold the Flint River Watershed Coalition and their employees, associated agents, and volunteers, harmless for any damage or liability arising from participation in the Project.

| | |
|---------------------------------|---|
| <input type="checkbox"/> Yes | I hereby give permission for images, video, voice recordings, or likeness of myself/my child taken while participating in this Project to be solely used for the purposes of Flint River Watershed Coalition or Our Water material and publications, and waive any rights of compensation or ownership thereto. |
|---------------------------------|---|

Signature of Participant/Volunteer (or Parent/Guardian if participant is under the age of 18)

Printed Name

Date

Note: The Storm Drain Stenciling Program requires that all participants/volunteers involved in the Project submit a signed Participant/Volunteer Registration Permission and Release Form prior to engaging in the activity. If you have any questions regarding the Flint River Watershed Coalition or our projects, please contact our staff at (810)-767-6490.