

VOLUNTEER LIABILITY RELEASE

NAME: _____

GROUP NAME (if applicable): _____ I AM A GROUP LEADER (circle one): Yes No

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE: _____

In consideration of my participation as a volunteer member of a work crew of The Nature Conservancy ("Conservancy") performing stewardship activities, I agree as follows:

1. I will follow the instructions of the Conservancy leader.
2. I understand the proper operation of the equipment I am to use. I understand that my participation in this work may involve sustained strenuous physical activity.
3. I am in good health and I am not aware of any physical problem or condition which will limit or interfere with my ability to participate as a member of the crew under either predicted or emergency conditions. I also understand that medical attention may not be readily available.
4. I understand that the stewardship activities may involve dangerous activities or situations. I agree that I am participating on the crew at my own risk, and acknowledge that the Conservancy has made no warranty or representation, express or implied, regarding the safety of conducting this work for the Conservancy.
5. I understand that I am not an employee of the Conservancy and that I will receive no compensation or other employment-related benefits from the Conservancy.
6. I grant the Conservancy permission to take photographs and video recordings of me and to display, publish or otherwise use any photographs, video recording, or any other media associated with the stewardship activities, including any media which contains my image or likeness, for the Conservancy's purposes. I also consent to the use of my name in connection with such images. I release, indemnify and hold harmless the Conservancy and its officers, directors, agents and employees from any and all claims which may result at any time by reason of the use of my image and name, including, without limitation, claims of privacy. My heirs, executors, administrators and assigns shall be bound by this consent and release.
7. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made in it are all true, and that I am at least 18 years of age or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included below.

Please note: The Conservancy provides secondary insurance coverage to supplement your own health insurance in the event of injury. If you would like more information about our policy, please ask for a pamphlet.

Receipt of E-Newsletter

Check this box if you would like to receive TNC's monthly chapter and seasonal volunteer e-newsletter.

SIGNATURE: _____ DATE: _____ PERIOD COVERED: _____

IF VOLUNTEER IS UNDER 18 YEARS OF AGE (to be completed by parent or legal guardian)

As the parent/legal guardian of the above-named individual, I hereby consent to the foregoing authorization and release for myself and on his or her behalf.

Print name: _____ Signature: _____

Address: _____

Telephone: _____ Relationship to volunteer: _____