

VENICE AREA AUDUBON SOCIETY WAIVER OF LIABILITY

In consideration of my participation in the Venice Area Audubon Society, Inc. ("VAAS") Program identified above (the "Program"), I state and agree as follows:

- I agree to follow the instruction of the Program Leader(s). I understand that there are possible dangers associated with the Program. I understand that my participation in the Program may involve sustained strenuous physical activity. I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the Program.
- I agree that I am participating in the Program at my own risk and acknowledge that VAAS has made no warranty or representation, expressed or implied, regarding the safety of participating in the Program.
- Accordingly, I expressly release and hold harmless VAAS and its officers, directors, and volunteers from and for any and all claims, demands, actions and causes of action whatsoever for any loss, damage or injury to person or to property suffered or incurred by me in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for or provided by Audubon.

Please print information below.

Participant's first and last name _____

Email _____ Home zip code _____

Emergency contact (available the day of the event):

Name **Phone number**

If participant is a minor:

Name of parent/guardian _____

Parent/guardian email _____

Parent/guardian phone number _____

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true. If I am the parent/guardian of a minor, I acknowledge I am assuming responsibility for that minor.

Participant's signature **Date**

Parent/Guardian signature if participant is a minor **Date**

Please bring this form with you to the field trip. The Trip Leader will have additional forms if needed.