

Liability Waiver, Assumption of Risk, Insurance Statement and Consent to Treatment for Plant Rescue Field Trip Volunteers

Site Location: _____

Rescue Coordinator: _____

Trip Date(s): _____

I acknowledge that this Plant Rescue Field Trip is a volunteer activity that will involve physical labor to dig and remove plants from the Site Location. Potential hazards include, but are not limited to, uneven ground, water, poisonous plants, and animals such as snakes and stinging insects, as well as the following hazards noticed on the site visit:

I assume all risks inherent in this activity, including but not limited to those listed above. I engage in this activity at my own risk and agree to release, indemnify and hold harmless the developer, its officers, directors, employees, agents, others participating in or coordinating this Field Trip, and the property owner(s) of the Site. My agreement to assume all risks and to indemnify is given in exchange for the opportunity to participate.

I am over the age of 18 or have provided parental/guardian consent. I represent that I am physically able, with or without accommodation, to participate in this Field Trip. If I require emergency medical treatment as a result of accident, illness or injury arising during this Field Trip, I consent to such treatment. I acknowledge that there is no health and accident insurance for volunteers, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I agree to notify the Rescue Coordinator in writing if I have a medical condition or allergy about which emergency medical personnel should be informed.

I warrant that I have read this Release before signing and that I fully understand its contents.

THIS IS A RELEASE OF LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.

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