

Liability Waiver Form – Shoreline Cleanup

VOLUNTEER REGISTRATION AND RELEASE OF LIABILITY - STEWARDSHIP ACTIVITIES FOR THE NATURE CONSERVANCY

Location: The Nature Conservancy's Blowing Rocks Preserve (574 S. Beach Road, Hobe Sound, FL 33455)

Crew Leader(s): Blowing Rocks Preserve Intern, Staff, and/or Volunteer(s)

Name of Volunteer: _____ **Today's Date:** _____

Email Address: _____ Opt-in for TNC Great Places Newsletter

Emergency Contact Name: _____ **Emergency Phone:** _____

Description of Volunteer Stewardship Activities:

Volunteers will participate in a shoreline clean-up at the Conservancy's Blowing Rocks Preserve located on Jupiter Island for a maximum of 2 hours. Activities will include picking up and hauling man-made debris found along the Atlantic Ocean and/or Indian River Lagoon and sorting items for proper removal. Activities will take place outdoors in hot and sunny conditions and involve walking over uneven terrain including through sand or in the water. Biting or stinging insects may be present. No swimming is permitted, but participants may choose to wade in the water at their own risk. Volunteers should not pick up any debris that may cause them harm, such as glass or needles. All personal protective equipment and supplies needed will be provided by the Conservancy. Volunteers shall bring a reusable drinking container and any necessary personal items. Shoes must be worn at all times. Water and restrooms are available on-site.

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 crew leader, and if I have a Youth with me, I will ensure they will follow the instructions as well.
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 aware of no 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 (nor will any Youth with me).
6. On behalf of myself, my heirs, successors and assigns, I hereby forever release, indemnify and hold the Conservancy, its officers, directors, employees and agents, harmless from and against any and all claims, liabilities, losses, damages, costs and expenses arising from or in any way related to, my service as a volunteer. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

7. WATER RELATED ACTIVITIES: If I (or we) am/are in or near a body of water or on watercraft in connection with the Activity, I also understand the risks related to waterbodies and watercraft, including but not limited to risks related to swimming proficiency, water movement, (including risks related to exertion), collisions, water temperature (including hypothermia), tides, exposure, watercraft operation, equipment failure, and rescue efforts.

8. MEDIA AUTHORIZATION: I grant the Conservancy permission to take photographs and video recordings of me (and my child) and to display, publish or otherwise use any photographs, video recording, or any other media associated with the activity, including any media which contains my (and my child's) image or likeness, for the Conservancy's purposes. I also consent to the use of my (and my child's) 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 (and my child's) image and name, including, without limitation, claims of privacy. My (child,) heirs, executors, administrators and assigns shall be bound by this consent and release.

9. 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.

PARENT/GUARDIAN RELEASE: If applicable, I acknowledge that I make this agreement individually and on behalf of the minor child(ren) to induce the Conservancy to allow the minor child(ren) to participate in volunteer activities.

- a. Name of Child: _____ Age: _____

- b. Name of Child: _____ Age: _____

- c. Name of Child: _____ Age: _____

- d. Name of Child: _____ Age: _____

Voluntarily and knowingly reviewed and signed by the persons below, and effective as of the volunteer's (or parent's or guardian's) signature for the duration of the volunteer services:

_____ Volunteer – Signature	The Nature Conservancy Signature: _____
_____ Volunteer Name - Print	Printed Name: _____
_____ Date	Title: _____
_____ Signature of parent or legal guardian, if volunteer is a minor	Date: _____
_____ Name of Parent/Guardian - Print	
_____ Date	