

Trip/Tour: BIG NIGHT WITH THE NATURE CONSERVANCY

Date:

In consideration of receiving permission from The Nature Conservancy to participate in the above activity, I agree as follows: I understand that activities such as hiking, canoe trips and flights involve unavoidable risks, and that difficult and dangerous conditions or unanticipated hazards may be encountered. I also understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I agree to participate in these activities entirely at my own risk and to assume all associated liabilities. I further agree to release The Nature Conservancy, its officers, directors, employees and agents, from any liability for injury to myself or my possessions which may occur in connection with these activities. 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. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against The Nature Conservancy or its officers, directors, employees or agents relating to any accident, incident or occurrence arising out of my participation in these activities.

I understand that The Nature Conservancy may use photos or videos taken on field trips in newsletters or other publications which advance the Conservancy's mission, and unless otherwise indicated below The Nature Conservancy has my permission to use such photos and/or videos of me for these purposes.

If I am signing below as the parent or legal guardian of a minor child, I hereby agree to the above terms individually and on the minor child's behalf. I further agree that I will be responsible either for personally supervising the minor child or for making arrangements for supervision of the minor by another responsible adult.

Participant Signature: _____ Date: _____

Printed Name: _____

Signature of Parent/Guardian (if Minor): _____

Printed Name: _____

Address: _____

Please do not use photographs of me or my minor child for any reason.

Contact Information: *(Please put an * next to your preferred method of receiving communications.)*

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Confidential Medical/Health Information Form

(The Nature Conservancy will use reasonable efforts to accommodate any special medical conditions, but will not be liable for any failure to do so. All medical information provided below will be kept confidential except as may be necessary or appropriate to facilitate the provision of medical care.)

Do you have any illness, allergies, physical disability, temporary or chronic disorder, etc., that in any way might affect your participation in the above activity? If so describe:

Are you undergoing medical care that requires medical treatment on the trip? If so, explain:

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____

Relationship to Participant: _____

PLEASE RETURN TO:

Please hand this form to your field trip leader.