



NSAS FIELD TRIP RELEASE OF LIABILITY

Date: _____ Location: _____ Time: _____

Activity: _____ NSAS Rep: _____

Each individual participating must sign this form prior to participation. Participants under 18 years of age must also include the signature of a parent or guardian.

By signing below, I agree to the following: I am aware that my involvement in this Napa-Solano Audubon Society (NSAS) organized activity presents certain risks to me, including but not limited to bodily injury, illness, death, loss or damage to my personal property, and/or other safety-related dangers. I further understand that activities involving open space, work- ing ranches, natural lands, hiking and boating present inherent risks, including but not limited to variable weather, uneven ground, hill slopes, falling rocks, fences, potentially hazardous historic structures, power systems, wells and water systems, natural or man-made features, potentially hazardous livestock and wildlife (including insects such as ticks, wasps, and bees, and plants including poison oak, thorns, thistles, and mushrooms), getting lost, and absence of medical attention.

I certify that I am voluntarily participating in this organized activity and I voluntarily assume all risks, consequences, and potential liability for this participation. I hereby **WAIVE, HOLD HARMLESS, DISCHARGE AND RELEASE FROM LIABILITY NSAS, AND ITS EMPLOYEES, Board of Directors, members, instructors, volunteers, and their representatives and assigns, from any and all liability, claims, causes of action, debts, and demands that may arise from my participation in or transportation to the NSAS organized activity.** In the case of my injury, accident, illness, or inability to complete this activity, I understand that I will bear the full cost of any additional transportation or evacuation procedures performed by NSAS. I understand and intend that this assumption of risk and release is binding on my heirs, executors, administrators and assigns. I understand that this Field Trip Waiver extends to any injuries I suffer in the course of traveling to and from the NSAS organized activity in my or a third party's automobile (i.e. as a part of a carpool arrangement).

Unless I opt out below, I hereby consent to and authorize the use and reproduction, in print or electronic format, by NSAS any and all photographs of me, or my child, which have been taken during this activity for any publicity purpose, without compensation. All images-electronic, negatives and positives, together with the prints—are owned by NSAS.

Name: _____

Signature: _____

Phone: _____

eMail: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

_____ I prefer to opt out of print and electronic photographs.