“BEAVERCOUNT 2019”.

INDEMNITY AGREEMENT & AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT.

WHEREAS, I, (SIGN BACK) , BEING / NOT BEING (circle

one) over the age of eighteen (18) years and not being an employee of Watershed Guardians, Inc., (hereinafter referred to as the SPONSOR), have made a voluntary request to participate in an outing.

WHEREAS, the SPONSORS are inviting me to participate in an outing without compensation I accept the statements below:

NOW, THEREFORE, in consideration of the permission given to me to participate in an outing without compensation as a volunteer for SPONSORS with the express purpose of counting beaver colonies, I do hereby agree:

1) That I am aware that the outing is inherently dangerous and that I may subjected to the risk of death or personal, injury or damage to my property as a volunteer and that I freely, voluntarily, and with such knowledge assume the aforementioned risks of injury or property damage arising from the BeaverCount 2013.

2) That SPONSORS, its officials, supervisors, contractors, employees, officers, agents, volunteers, their sureties and each of them, shall not be responsible or liable for any injury, loss, or expense either to me or my property resulting from any negligent act or omission on the part of SPONSORS incurred while I participate in BeaverCount.

3) For myself, my heirs, my executors, my administrators and my assigns agree to defend and indemnify officials, supervisors, employees, officers, agents, volunteers, their sureties and each of them against any and all manner of actions, causes of action, suits, debts, claims, demands, or damages, or liability expense of every kind or nature incurred or arising from any claimed negligent or wrongful act or omission of mine while participating as a volunteer for the BeaverCount 2013.

RELEASE

4) The volunteer or his or her parent or guardian hereby specifically authorizes the volunteers of Audubon Chapter to procure transportation for the volunteer to the nearest hospital and its medical personnel to administer necessary emergency professional medical care to the below named volunteer upon his/her arrival at the hospital.

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT, CONSISTING OF TWO (2) PAGES, AND SIGNED THE SAME OF MY OWN FREE WILL

RELEASE OF LIABILITY AND USE OF ELECTRONIC IMAGE

BY AN ADULT

WATERSHED GUARDIAN PARTICIPANT

BEAVERCOUNT 2018

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