

URBAN ECOLOGY CENTER VOLUNTEER PROGRAM

We are very pleased to be able to offer indoor and outdoor activities for volunteers through the Urban Ecology Center. However, all outdoor activities include risks and we are required to inform all participants of those risks and of their responsibilities. Please carefully read the following waiver and sign it. Thank you.

ACKNOWLEDGEMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY, and RELEASE OF LIABILITY

There are significant elements of risk in any adventure, sport, activity or training associated with hiking, rock climbing, canoeing, kayaking (referred to herein as "activity") and the use of any equipment.

ACKNOWLEDGEMENT OF RISKS: I recognize that there are inherent risks in this type of activity. These risks may result in serious injury or death, and include but not are limited to: 1) Falls; 2) Water related injuries including drowning; 3) Cold weather related injuries including hypothermia and frostbite; 4) Heat related illnesses including heat exhaustion and heat stroke; 5) Equipment failure; 6) The actions or inactions of others.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume the risk of personal injury, accidents or illness (including death), which may result. I also accept responsibility for any damages or expenses which may result from negligence or the negligence of any minor children for which I am responsible. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration; head, neck, and/or spinal injuries; animal bite or attack, insect bite or allergic reaction; shock, paralysis, drowning and/or death; and acknowledge that during the activity I/we may experience fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us as participants, become your property and may be used for promotional purposes.

RELEASE: In consideration of services provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release the URBAN ECOLOGY CENTER, its directors, officers, agents, employees and volunteers and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever including negligence (except that which is the result of gross negligence).

I HAVE READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant's Signature

Print Name

_____/_____/_____
Date of Birth

Age

_____/_____/_____
Today's Date

If the participant is under 18, the Parent or Legal Guardian must also sign:

Parent/Legal Guardian

Participant's Street Address

City

State

Zip Code

E-Mail Address

(____)_____
Participant's Home Phone

(____)_____
Work Phone