

MARIN AUDUBON SOCIETY WAIVER/PARENT OR GUARDIAN PERMISSION

Site: _____ Date: _____

I, the undersigned, am 18 years or older or my legal guardian is signing for me. It is my own choice to perform the activities of this volunteer work at the site shown above. **I understand that these activities may involve risk of injury or harm from soreness, strain, sprains, broken bones, tripping, falls, bruises, scrapes, cuts and splinters, and that they entail hazards including picking up sharp or unsanitary objects, being cut or hit by tools, and lifting heavy objects.** Recommended protective equipment includes gloves and close-toed shoes. I agree to take reasonable care to avoid injury to others. I agree not to hold the MARIN AUDUBON SOCIETY responsible or liable for any such injury or harm.

Participant Name _____

Phone _____ Email _____

Emergency Contact Name and Phone _____

Participant Signature _____ Date _____

If you are under 18 years of age please have your parent or guardian sign below:

_____ has my permission to volunteer for the MARIN AUDUBON SOCIETY and participate in the activities and risks outlined above.

Name of parent or guardian:

Parent or guardian phone number and email:

Signature of parent or guardian:

Date _____

For all participants:

Unless checked below, all participants and parent/guardians agree to permit MARIN AUDUBON SOCIETY Board members to take photograph(s) of and print the name of participant in the MAS monthly newsletter without further recourse and understand that the photograph and/or name may be used for public and promotional purposes.

____ Do not use participant's name in any newsletter or publicity

____ Do not use participant's photograph in any newsletter or publicity



All Participants
Please Indicate
Preference

Please list any allergies or medical conditions that we would need to know about below:

Thank you for helping the Main Audubon Society restore native habitat!