## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Activity or Event (Please Select One): ☐ Scientific Field Trip (Indicate Trip Nu: ☐ Child Care Services	mber)	☐ Fun Run/Fun☐ Student Volur	
I HEREBY ASSUME ALL OF THE RIST ACTIVITY OR EVENT, including by wa carelessness on the part of the persons or e owned, maintained, or controlled by them	y of example and not entities being released	limitation, any risks that r , from dangerous or defec	may arise from negligence or tive equipment or property
I certify that I am physically fit, have suffinot been advised to not participate by a quor problems which preclude my participate	alified medical profes	ssional. I certify that there	
I acknowledge that this Accident Waiver a organizers of the activity or event in which said activity or event.			
In consideration of my application and per for myself, my executors, administrators, OR PERSONS: the Ecological Society of representatives, and agents, the activity or	heirs, next of kin, succ America, Inc., (ESA)	cessors, and assigns vis-à- and/or their directors, off	vis the following ENTITIES icers, employees, volunteers,
(A) I WAIVE, RELEASE, AND DISCI liability, including but not limited to, lia for my death, disability, personal injury hereafter occur to me including my trav	bility arising from the , property damage, pro	e negligence or fault of the operty theft, or actions of	e entities or persons released,
(B) I INDEMNIFY, HOLD HARMLES paragraph from any and all liabilities or caused by the negligence of release or o	claims made as a resu		
I acknowledge that ESA and their director errors, omissions, acts, or failures to act of			
I acknowledge that this activity or event in the potential for death, serious injury, and terrain, facilities, temperature, weather, we people including, but not limited to, partic and/or producers of the event, and lack of present for volunteers.	property loss. The rish ildlife, condition of pa ipants, volunteers, spe	ks include, but are not lim articipants, equipment, vel ectators, coaches, event of	nited to, those caused by nicular traffic, actions of other ficials, and event monitors,
I hereby consent to receive medical treatmillness during this activity or event.	ent which may be dee	emed advisable in the ever	nt of injury, accident, and/or
I understand that at this event or related ac likeness to be used for any legitimate purp			
The Accident Waiver and Release of Liab maximum extent permissible under applic		d broadly to provide a rele	ease and waiver to the
I CERTIFY THAT I HAVE READ THIS AWARE THAT THIS IS A RELEASE O WILL.			
Signature (if under 18 years old, Parent or Guardian must also sign)		cipant's Name se print legibly)	Date

## PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

Print Participant's Name	Age	Signature of Parent or Guardian	Date
the child or ward, to the terms of the Accid or guardian further agrees to save and hold liability, loss, cost, claim, or damage what	lent Waiver a l harmless and soever which	nd Release of Liability set forth above. The d indemnify each and all of the parties referr may be imposed upon said parties because on behalf of the minor and the parents or legar	undersigned parent red to above from all of any defect in or
The undersigned parent or natural guardian consented to his/her child or ward's particities.	•	activity or event, and has agreed individual	