

## RELEASE OF LIABILITY and INDEMNIFICATION

I understand that trail creation, maintenance, cleanup and research projects are undertaken by the Friends for the Abbott Marshlands, Inc. ("Friends")

I understand that if I participate in such projects there may be a possibility of injury to myself or others due to the use of tools, the physical environment (including, but not limited to, insects, uneven terrain, and crossing streams), or other trail building related causes.

I have volunteered to participate in work on a trail creation, maintenance, research or cleanup **Project**.

IN CONSIDERATION FOR the right to participate in the **Project** and with full knowledge of the possibility of injury as outlined above, and intending to be legally bound, I hereby agree for myself and on behalf of my family and all my heirs, successors and assigns:

1. To RELEASE Friends from any and all liability, claims, demands or any causes of action brought as a result of my participation in the **Project**.
2. To NOT SUE OR OTHERWISE MAKE ANY CLAIM against Friends for any injury or harm that may arise from my participation in the **Project**.
3. To ASSUME FULL RESPONSIBILITY for any risk occurring from my participation in the **Project**.
4. To USE MY BEST EFFORTS to act reasonably and responsibly, and to observe safety procedures during my participation in the **Project**.
5. To INDEMNIFY AND HOLD HARMLESS Friends from all claims, judgments, expenses and costs, including but not limited to attorney's fees, incurred in connection with any claims brought as a result of my participation in the **Project**.
6. TO CONSENT and authorize the Friends or anyone authorized by the Friends, the use and reproduction of any and all photographs taken during participation in the **Project** of me or an individual for who I am the legal guardian, including such purposes as publicity, advertising, and Web content and to use and publish the same in print or electronically without further compensation to me.

Printed Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

If under 18 years of Age: Date of Birth \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_