

**West Creek Conservancy Agreement
Participate & Release Form**

For all activities during the year 20 ____ :

In consideration for my being permitted to participate in the volunteer activities sponsored by West Creek Conservancy ("WCC") and recognizing that these activities may involve hazards, I, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, voluntarily assume all risks of accident or injury and release and forever discharge WCC, its employees, officers, volunteers, partners and agents of any and all liability for personal injury or property damage of any kind sustained in association with participation in these activities, whether such personal injury or property damage is caused by the negligence of WCC, its employees, officers, volunteers, partners and agents or otherwise.

I give WCC permission to publish in print, electronic, or video format the likeness or image of myself. I release all claims against WCC with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

I covenant and agree to indemnify and hold harmless WCC, its respective employees, officers, and agents from all liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from my participation in these volunteer activities.

I further agree to abide by all applicable rules and regulations provided by WCC and agree to follow the instructions of all supervisors and/or instructors who are managing or connected with such activities.

With my signature, I confirm that I have carefully read and fully understand the foregoing, intend to be bound by it, and agree to participate on these terms and conditions.

Signature of Participant Date
(See right if under 16 years of age)

Signature of Parent of Guardian Date
(If participant under 16 years of age)

PRINT Participant Name

PRINT Parent or Guardian Name

Email Address

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

_____ Check here if you are on medication or if health problems may affect participating in this event.
A site coordinator must speak with you if this is checked.

_____ YES, I'd like to receive WCC's latest news, outings, and conservation updates. Add me to
WCC's (please circle your preference): Mailing List Email List Both

_____ NO, I would not like to receive WCC's latest news, outgoing, and conservation updates.
Please do not contact me.