

VOLUNTEER INFORMATION
PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____

E-mail: _____

Organization working for (Optional): _____
(Name of Club, Class, Group etc.)

Are you 18 years or older? ☐ Yes ☐ No

Do you need a community service hours form signed? ☐ Yes ☐ No

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Emergency Contact Information - In the event of an accident, please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ + _____

Relationship: _____

Telephone: (_____) _____ - _____

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Are you currently a member of the Batiquitos Lagoon Foundation? ☐ Yes ☐ No

*Staff to keep on file in the Nature Center and to bring along on all events to have on hand in case of accident or injury to a volunteer.

(TURN OVER)

Batiquitos Lagoon Foundation

RELEASE WAIVER AND ASSUMPTION OF RISKS

In consideration of the acceptance of my registration request, and/or participation in events and related activities as sponsored by the Batiquitos Lagoon Foundation (BLF), I assume all risks attendant thereto and, thus, hereby release, hold harmless and forever discharge the Batiquitos Lagoon Foundation, the trustees of the Batiquitos Lagoon Foundation; and each and every officer, agent, employee, volunteer, supporting organization (e.g., Aviara Master Association) and representative of each (hereinafter referred to as "the BLF") from all claims, causes of action, judgments, damages or demands, of any kind from or by myself, heirs, executors, administrators and assigned, for personal injuries and property damage which I may cause or sustain during an event and related activities, whether known or unknown, foreseen or unforeseen. I agree to indemnify and defend the BLF for liability arising from my tortuous acts in connection with my travel to and from the event's site(s).

I warrant that I am in good physical health and am physically able to participate in BLF sponsored events and related activities. I understand that my participation is voluntary and that the activities planned are to enhance the biological functions of Batiquitos Lagoon. I understand that this event will take place at Batiquitos Lagoon. **I RECOGNIZE THAT MODERATE TO HIGH PHYSICAL ACTIVITY MAY BE REQUIRED DURING MY PARTICIPATION IN EVENTS AND RELATED ACTIVITIES, AND THAT THERE IS KNOWN RISK OF INJURY. WITHOUT LIMITATION, THE RISKS INCLUDE FALLS FROM HEIGHTS; TRIPPING; DROWNING; INJURY FROM ANIMALS, INSECTS, REPTILES; ALLERGIES, FUNGUS MATERIAL, VIRAL DISEASES; AND INFECTION. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGERS AND RISKS INVOLVED AND HEREBY AGREE TO ACCEPT AND ALL RISKS OF INJURY OR DEATH.** I understand that I am responsible for my own medical and property risk associated with participating in any BLF events and related activities. I further accept full responsibility to meet any and all medical or property expenses arising out of any injury or damages to myself or my property or, due to my fault, to anyone else, including the BLF.

I hereby acknowledge that I have sole responsibility for my personal possessions and equipment during any event and related activities. I hereby release the BLF from all liability of damage or loss of personal possessions and equipment during any event and related activities. I hereby grant permission to any and all foregoing to use and photograph, videotape, motion picture, sound recording, or any other record of events and related activities. I hereby agree that if an event or related activity is canceled for any reason, including, but not limited to, weather conditions, "act of God", or for any other conditions, that the BLF will not be held liable for any losses which I might sustain from the cancellation of such an activity or event. I further understand that if physically or medically injured, I will abide by the decision of medical authorities and the event/activities director(s)/leader(s) concerning my eligibility and continued participation in such events and related activities.

By my signature below, I give consent to any emergency medical treatment deemed necessary and release the BLF from liability in the selection of a provider.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

PRINT NAME CLEARLY

Participant's Signature

Date; _____

Parent or Legal Guardian's Signature (Required for Participant under Age 16)

Date: _____