



# FLORIDA NATIVE PLANT SOCIETY CHAPTER ACTIVITY WAIVER FORM

**CHAPTER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

In consideration of being permitted to participate in any way in volunteer activities organized by the Florida Native Plant Society, Inc. or any of its affiliated chapters, including but not limited to events, hikes, field surveys, field trips, garden tours, plant sales, plant rescues, and other activities, I hereby enter into this Release of Liability, Waiver of Claims, Indemnity Agreement, and Photo Release Agreement in favor of the Florida Native Plant Society, Inc., a Florida nonprofit corporation, including its officers, directors, employees, volunteers, agents, representatives, and affiliates, including subsidiary or affiliated chapters (collectively, “FNPS”). I represent, warrant, and agree to the following:

**Waiver and Release of Liability:** I, for myself and my heirs, personal representatives, and assigns, do hereby covenant not to sue, release, waive, and discharge, from liability from any and all claims, including the negligence of FNPS, resulting in personal injury, accidents, or illnesses (including death), and property loss, arising from or related to my participation in this activity. I acknowledge, agree, and understand that the foregoing waiver and release shall include claims for bodily injury, death, or property damage arising out of or related to my participation in this activity.

**Indemnity / Hold Harmless Agreement:** In consideration for being permitted to participate in this activity, I hereby agree to defend, indemnify, and hold FNPS harmless from and against any and all claims, demands, or causes of action for personal injury, property damage or wrongful death that arise out of my participation in this activity and my use of any equipment, premises, or facilities provided by FNPS in connection with this activity.

**Photography Release:** I hereby grant permission to FNPS to use photographs and/or video of me taken during this activity in publications, news releases, online, and in other communications related to the mission of FNPS.

PRINT NAME	SIGNATURE	DATE	EMERGENCY CONTACT
------------	-----------	------	-------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____