



Inland Northwest Land Conservancy
2020 Field Volunteer Waiver & Release from Liability

Volunteer Information

Name _____

Mailing Address _____

Phone _____

Email _____

Please read the following carefully before signing.

I accept and understand that there are risks involved in performing any physical activity. I certify that I am physically fit for the events and volunteer opportunities which Inland NW Land Conservancy provides and which I seek to engage in, have not been advised by a physician to refrain from engaging in these volunteer activities, and have the requisite skills to competently and safely perform these activities. If at any time, I feel an activity which I am performing may be beyond my skills or is unsafe, I shall immediately stop said activity. I am voluntarily participating in these volunteer activities with acceptance and knowledge of the risks involved and knowingly and freely assume those risks.

In consideration of the opportunities to participate in these activities, I hereby take the following actions for myself and anyone who might claim and/or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions:

- A) **I waive the Inland NW Land Conservancy**, its board of directors, employees, and volunteers (collectively "INLC") from any and all claims or liabilities for death, personal injury, disability, lost wages, property damage, medical bills, theft, economic loss, or other claim, which may now or in the future arise out of my participation in or travelling to or from volunteer activities, regardless of whether such damage is due wholly or partially to INLC's negligence;
- B) **I understand that transportation to and from the volunteer activity site is not part of any INLC-sponsored activity.** Although INLC recommends carpooling to reduce emissions, I agree that if I carpool, it is an independent action organized by myself and other individuals on our own initiative and at our own risk;
- C) **I agree to indemnify INLC and hold INLC harmless** from any of the claims made or liabilities assessed against them as a result of my participation in INLC volunteer activities, including my own negligence;
- D) **I consent to emergency medical care**, including transportation, as INLC or another participant in volunteer activities may deem it necessary if I am injured while participating in volunteer activities, agree that transportation, medical and hospital bills for such emergency medical care will be my own responsibility and not the responsibility of INLC or responding volunteer, and agree that INLC has no duty to provide me with such care;
- E) **I affirm that this acknowledgement, waiver, and release from liability is valid for all activities I undertake**, regardless of whether the volunteer activities occur at one event or time, or many events or times, now or in the future;
- F) **I consent to photo release**, and allow any and all photos or videos taken of me during INLC volunteer activities to be used by INLC in newsletters, social media, and other outreach materials.

I HEREBY CERTIFY THAT I HAVE READ CAREFULLY, UNDERSTOOD, AND ACCEPTED THE CONTENTS OF THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE.

Signature: _____

Date: _____