



Bennington County Conservation District

Volunteer Activity:

Date:

Participant Name:

Street Address:

City, State, Zip:

Phone:

Email:

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Bennington County Conservation District (BCCD) for this event. The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kind, hereby release, indemnify and hold harmless BCCD and its officers, agents and/or employees, other participants, sponsors, advertisers, partners and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) from any and all claims, demands, losses and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by the law.
5. Any dispute between BCCD and me will be governed by the substantive laws of Vermont. Any action or proceeding arising hereunder shall be brought in the courts of the State of Vermont.

PHOTO RELEASE (please check one box)

I grant BCCD, its representatives and employees the right to take photographs at this volunteer event of me and any minor participants for which I am the parent or guardian. I authorize BCCD, its assigns and transferees to use such photographs, with or without names, for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content and to copyright, use and publish the same in print and/or electronically

I do not grant BCCD, its representatives and employees the right to take photographs at this volunteer event of me and any minor participants for which I am the parent or guardian.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____
Participant Signature Date

X _____
Emergency Contact Name Emergency Contact Phone

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION). This is to certify that I, as parent/guardian with legal responsibility for this participants, do consent and agree to their release as provided above of all the Release, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by the law.

X _____
Names & Ages of all participating minors

X _____
Parent/guardian Signature (if under 18 years) Date

X _____
Emergency Contact Name Emergency Contact Phone