



Participant Release and Waiver Form

As a participant or parent or guardian of a participant in the event sponsored by Bayou Land Conservancy (BLC) and other participating sponsors, I, the undersigned, hereby release, discharge, and agree to waive all claims against BLC, all other sponsors, their agents, employees, officers, and successors from all liability, claims or actions which I, my heirs, executors, administrators, or assigns may have or claim to have against any of them arising from any personal injuries or other claims connected therewith, whether known or unknown, or injuries to other persons or to property caused by or arising out of any actions I might take relating to my activities while participating in the event. In addition, I agree to hold harmless the Bayou Land Conservancy for any claims or personal injuries that I may cause.

If the participant is a minor, I, as parent or guardian of the participant, give permission on behalf of the minor and further authorize participating sponsors and employees or representatives of these organizations to obtain emergency medical treatment for the participant, should an apparent need for this treatment arise.

The novel corona-virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, and any member of my family, may be exposed to or infected by COVID-19 by attending activities with BLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BLC employees, agents and representatives, volunteers, program participants and their families and/or any other individuals who may be present at the event location.

I have carefully read this release and understand all its terms. I sign it voluntarily and with full knowledge of its legal consequences.

SIGNATURE OF PARTICIPANT

DATE

PARTICIPANT'S NAME (please print)

SIGNATURE OF PARENT OR GUADIAN (when applicable)

STREET ADDRESS

EMERGENCY CONTACT NAME & RELATION

CITY STATE ZIP

EMERGENCY CONTACT PHONE NUMBER

PHONE NUMBER

CLUB, GROUP OR COMPANY (when applicable)

EMAIL ADDRESS



I grant permission to photograph, record, broadcast, and otherwise use in any media, including web pages or the internet, my or my child's participation in this volunteer project and to use my name, voice, and biographical information concerning me in connection therewith.

YES, photos may be taken and used for Bayou Land Conservancy advertising & reporting purposes only.

NO, photos may not be taken and/or used.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUADIAN (when applicable)

DATE