

## MONTANA AUDUBON WAIVER AND RELEASE OF LIABILITY

Date of Activity(ies): May 1st 2020 - June 30th 2020

Activity(ies): Great Blue Heron Citizen Science Surveys

Montana Audubon encourages participation in our field trips, but recognizes that there may be the possibility of some risks in participation, as outlined below. All participation is voluntary. If you are not comfortable with the activities or do not wish to waive your personal responsibility as provided in this document you should choose not to participate.

I acknowledge that the activity I am going to engage in has inherent risks, and I want to take part in the activity despite those risks. Some of the risks inherent in the activity are:

- Risks associated with being outdoors in Montana, including weather-related hazards, falling limbs, trees, rocks, or other items; hazards posed by wild animals and insects; and exposure to hazards created by water, such as streams or lakes.
- Risks created by the actions of fellow participants or others.
- Risks created by traveling to the location in motor vehicles.
- Risks associated with walking in undeveloped, natural areas, such as slipping and/or tripping and falling.
- Medical risks created by sustained strenuous physical activity.

I represent that I am in good health and am aware of no physical problem or condition that could limit or interfere with my ability to safely participate in the activity. I also acknowledge that medical attention of any kind may not be readily available should I develop a medical condition or suffer an injury.

I agree to follow the instructions of the activity leader(s). I have been instructed in and understand the use of equipment I may use. I agree that I will not misuse the equipment in any way.

I expressly release Montana Audubon, its officers, directors, employees, volunteers, and agents from all claims, demands, and causes of action whatsoever on account of any loss, damage or injury to myself or my property resulting by my engaging in the activity or any aspect of it, including, but not limited to, the inherent risks listed above.

**By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are a result of the provider's failure to exercise reasonable care.**

By signing below, I acknowledge that I have thoroughly read this form, understand it, that my representations made in this document are true, and that I wish to engage in the activity after consideration of the contents of this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date