Pilchuck Audubon Society
2022 Field Trip Liability Release and Indemnity Agreement

By signing this waiver, you are releasing Pilchuck Audubon Society and the field trip leader(s) from any and all liability in the event you are injured or killed while participating in any field trip sponsored by Pilchuck Audubon Society.

I wish to participate in a field trip sponsored by Pilchuck Audubon Society (PAS). I am aware that field trips sponsored by PAS may involve certain dangers, including, but not limited to, the hazards of traveling and walking in undeveloped and natural areas, transportation by private vehicle, injury or illness in remote places without medical aid, and unforeseen events caused by the forces of nature. In consideration for permitting me to participate in field trips sponsored by PAS, I, for my family, my estate, and myself, hereby waive any right of recovery and claims of liability against PAS, its board members, employees, and volunteers, including claims for bodily injury, including death, personal injury and/or damage to property, and release PAS, its board members, employees, and volunteers from such claims and any claims made by others for personal injury or property damage allegedly caused by me. Further, I will hold PAS harmless from any loss or damages resulting from the foregoing waiver and release. This Release and Indemnity Agreement is a contract not a mere recital and it shall remain in effect for all field trips sponsored by PAS. This Release and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of Washington and that if any portion is held invalid, the balance shall continue in full legal force and effect. The undersigned gives his/her permission to be photographed or filmed and have his/her/their image used by PAS, without royalty or compensation.

☐ I confirm that I have read the current COVID-19 protocols and agree to adhere to the guidelines.

________________________________________  ________________________
Signature                                      Date

________________________________________
Printed Name

________________________________________
Phone Number