

FIELD TRIP LIABILITY RELEASE AND INDEMNITY AGREEMENT - Washington Butterfly Association

BY SIGNING THIS FORM, YOU ARE RELEASING THE WASHINGTON BUTTERFLY ASSOCIATION AND THE FIELD TRIP LEADER FROM ANY AND ALL LIABILITY IN THE EVENT YOU OR YOUR MINOR CHILD (YOUNGER THAN EIGHTEEN YEARS) ARE INJURED OR KILLED WHILE PARTICIPATING IN THIS FIELD TRIP

I wish to participate in a field trip sponsored by the Washington Butterfly Association (WBA). I am aware that field trips sponsored by WBA 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 and any minor child or children of mine to participate in field trips sponsored by WBA, I, for my family, my estate, and myself, hereby waive any right for recovery and claims of liability against WBA, its board members and volunteers, including claims for bodily injury, including death, personal injury and/or damage to property, and release WBA, its board members 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 WBA 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 WBA. 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.

If one or more of your minor children (younger than eighteen years) will accompany you on this trip, in the PRINTED NAME block, print “for (child’s name), by (your name) , then sign in the SIGNATURE block. Please do this for each child.

I HAVE READ AND AGREE TO THE TERMS OF THIS RELEASE AND INDEMNITY AGREEMENT IN ITS ENTIRETY.

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| PRINTED NAME | EMAIL | PHONE | DATE |
| SIGNATURE | EMERGENCY CONTACT | EMERGENCY CONTACT PHONE | WBA MEMBER check if yes <input type="checkbox"/> |

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