



Volunteer & Program Participant Waiver

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Would you like to receive email notifications from Nature At The Confluence?

Yes No I already receive emails from NATC

Telephone: _____

I am age 18 and over - Please read the following agreement and sign below:

I am age 17 or under - A parent/guardian must read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Nature At The Confluence, Inc. a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors and administrators to release and discharge Nature At The Confluence, Inc., the City of South Beloit and any partnering agency or school, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained and/or property damaged as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Nature At The Confluence, Inc., the City of South Beloit and any partnering agency or school, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I also confirm that I have no reason due to health or other conditions that would negatively impact my ability to participate in this program and accept as my personal risk the hazards of participating in this program and its corresponding activities. I am aware that I will not receive any compensation for my services. I also understand that I am not covered for medical benefits under worker's compensation insurance. Furthermore, I grant permission for photographs, video and quotations during my involvement with Nature At The Confluence to be used to further promote the organization's work.

For participants under the age of 18 - As parent/legal guardian, I give permission for this under-aged individual to volunteer with Nature At The Confluence and comply with the above Waiver of Liability.

Signed: _____ Date: ____/____/____

Printed Name: _____