



GeesePeace

Participant Registration and Liability Release

I, _____ (Print First Name) _____ (Print Last Name)

am a volunteer or other participant in the activities of GeesePeace, Inc. and my community. As a condition of my participation, I do hereby attest to the following:

1. I am over 16 years of age and in good health.
(Under 18 years old, parent must co-sign and accompany)
2. I understand that this project involves the possibility of interaction with wildlife, which can be unpredictable and potentially dangerous.
3. I understand that this project involves outdoor activities which may take place under adverse weather conditions, in undeveloped areas, on boats and kayaks and that I am solely responsible for my own health and safety during this project.
4. I agree to abide by all training protocols, and training directives
5. I agree to hold GeesePeace, and/or all other project partners, (villages, towns, school Districts, County, State or federal government, their employees and assigns and/or private property owners) harmless from any injury which may occur, whether through negligence or otherwise, in connection with this project.
6. I hereby waive and release any and all claims, demands and causes of action that I may have against GeesePeace, and/or all other project partners, (villages, towns, school Districts, County, State or federal government, their employees and assigns and/or private property owners) for any and all injuries and bodily harm arising out of my participation in this project and its related activities, whether or not arising out of the active or passive negligence of any such organizations or individuals.
7. I have read, understand and agree to the statements and policies set forth in this document.

I understand this release does not amend or alter any right granted or obligation incurred for volunteers under any duly authorized local, county, state or federal volunteer program.

I understand that this release does not amend or alter any right granted or obligation incurred as an employee of my organization or as a contractor.

Signature _____ Date _____ Telephone _____

_____ E-mail _____

Affiliation (if any) _____ Address: _____
