

# RELEASE AND WAIVER

FIELD TRIP: \_\_\_\_\_ Date \_\_\_\_\_

ALL PARTICIPANTS MUST READ AND SIGN

I HEREBY AGREE that I wish to participate in the above field trip offered by Alachua Audubon Society, and in consideration of being allowed to participate, agree that I alone will bear the risk of any personal injury or loss of personal belongings which occurs during or on account of my participation in the above field trip, both for myself and for any minor children accompanying me. I intend by this release and waiver to release Alachua Audubon Society, Florida Audubon Society, and National Audubon Society, as well as their officers and directors, both personally and in their representative capacities, from any claim for injury, damage, or loss, from any cause whatsoever, and I understand and acknowledge the significance and consequence of such specific intention to release all claims. I hereby assume full responsibility for any injuries, damages, or losses that I or any minor children accompanying me may sustain.

I agree that I am freely and voluntarily executing this release and waiver and that I have fully and completely read its contents.

Name	Address (Optional)	I'll help defray field trip expenses (please circle one)		
				Other
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$
_____	_____	\$1	\$2	\$

**YOUR SIGNATURE MEANS YOU HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.** (Leaders: Please collect money and send a check and this release form to the AAS treasurer: Dottie Robbins, 25125 NW 210th Lane, High Springs, FL 32643. Please note weather and any special circumstances on the back of this form to aid future field trip planning) 6/10