

RHODE ISLAND NATURAL HISTORY SURVEY

GENERAL WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Rhode Island BioBlitz 2015

- A. The Rhode Island Natural History Survey (“RINHS”) permits volunteer (“Volunteer”) participation in Rhode Island BioBlitz 2015 provided the Volunteer agrees to the following General Waiver of Liability and Assumption of Risk (“Waiver”).
- B. The Volunteer understands that participation in Rhode Island BioBlitz 2015 presents a risk of personal injury, including but not limited to injuries caused by animals, insects, and plants, exposure to weather conditions, terrain, natural or built physical features, slips, trips, and falls.
- C. It is inherent in the purpose of the event to see the area in its regular, natural condition. The Volunteer understands that **neither RINHS nor cooperating land owners, their tenants, employees, or agents is responsible for inspecting the event or activity location(s) for hazards or warning the Volunteer of hazards** whether known or unknown.
- D. The Volunteer understands that RINHS is not responsible for providing any expert instruction or training related to the Volunteer’s health and safety.
- E. The Volunteer agrees to abide by all terms and conditions that RINHS additionally may require during Rhode Island BioBlitz 2015.
- F. The Volunteer understands that participation in Rhode Island BioBlitz 2015 may be revoked by RINHS at any time and for any reason.

The Volunteer understands and agrees to the terms as stated above.

The Volunteer accepts that **neither RINHS nor cooperating land owners, their tenants, employees, or agents shall be liable for any injuries, loss, or damage** sustained by the Volunteer or to the Volunteer’s property during, as a result of, or incidental to participation in the Rhode Island BioBlitz 2015, regardless of whether such injuries to persons or damage or loss to property **are due or claimed to be due to any NEGLIGENCE of RINHS** its employees, directors, officers, and agents or cooperating land owners, their tenants, employees, or agents.

The Volunteer accepts that **he/she assumes full responsibility for any injuries, loss or damages** sustained by the Volunteer or to the Volunteer’s property during, as a result of, or incidental to participation in Rhode Island BioBlitz 2015. The Volunteer fully and forever releases and discharges RINHS, its employees, directors, officers, and agents and cooperating land owners, their tenants, employees, or agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same are known, anticipated or unanticipated, resulting from or arising out of the Volunteer’s participation or intended participation in Rhode Island BioBlitz 2015.

I, the undersigned, have read this agreement, understand its terms, and understand that I have given up rights. I have signed it freely and voluntarily, and intend my signature to completely and unconditionally release RINHS and cooperating land owners, their tenants, employees, or agents from all liability to the extent allowed by law.

PRINT LAST NAME: _____
CELL PHONE # (optional): _____

Please Print Name

Please Sign Name and Date