

Rhode Island Natural History Survey

GENERAL WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Rhode Island BioBlitz 2025

The Rhode Island Natural History Survey (“RINHS”) permits persons to voluntarily participate in an event it organizes called Rhode Island BioBlitz 2025 (“Event”) on the condition that each person volunteering (“Volunteer”) agrees to and signs this General Waiver of Liability and Assumption of Risk (“Waiver”).

- A. It is inherent in the purpose of this Event to see the natural and man-made features of the area where it is being held in their regular condition. These regular conditions may contain known and unknown hazards. The Volunteer (the person being asked to sign this waiver or the parent or guardian in the case of a minor) understands that **neither RINHS, nor collaborating organizations, their employees, directors, officers, or agents nor cooperating landowners, their tenants, employees, or agents is responsible for inspecting the Event site or the Event activity(s) for hazards or for warning the Volunteer of hazards** known or unknown.
- B. The Volunteer *understands* that by participating in Rhode Island BioBlitz 2025 they are hazarding personal injury, including but not limited to injuries and disease caused by animals and plants, exposure to weather conditions, terrain, natural or built physical features, slips, trips, falls, water, and/or traffic.
- C. Knowing that participation in the Event carries risk(s) from known and unknown hazards, nonetheless the Volunteer wishes to participate in this Event and is doing so voluntarily and at his/her sole discretion.
- D. The Volunteer understands that RINHS is not responsible for providing any instruction, training, or equipment related to the health and safety of the Volunteer during or in association with the Event.
- E. The Volunteer agrees to abide by all terms and conditions that RINHS additionally may require of those participating in Rhode Island BioBlitz 2025.
- F. The Volunteer understands that participation in Rhode Island BioBlitz 2025 may be revoked by RINHS at any time and for any reason.

By signing this Waiver, the Volunteer understands and agrees with the six principles stated above, and:

The Volunteer accepts that **neither RINHS, its employees, directors, officers, or agents, nor collaborating or sponsoring organizations, their employees, directors, officers, or agents, 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 2025 regardless of whether such injuries or damage to or loss of property **are due or claimed to be due to any NEGLIGENCE of RINHS, collaborating organizations or cooperating landowners,** their tenants, employees, or agents.

The Volunteer **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 2025. The Volunteer fully and forever releases and discharges RINHS, its employees, directors, officers, and agents, sponsoring organizations, and cooperating landowners, 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 2025.

I, the undersigned, wishing to volunteer to participate in Rhode Island BioBlitz 2025, or being the parent or legal guardian of a minor who I wish to participate in Rhode Island BioBlitz 2025, have read this Agreement, understand its terms, and understand that **I am giving up rights**. I have signed it freely and voluntarily and intend my signature to completely and unconditionally release RINHS, event sponsors, and cooperating landowners, their tenants, employees, or agents from all liability to the extent allowed by law.

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

Please Print Name (and name of child if signing as a parent/guardian of a minor)

Please Sign Name and Date (must be signed by a parent/guardian for each child under 18 years of age)

RHODE ISLAND NATURAL HISTORY SURVEY

RHODE ISLAND BIOBLITZ 2025

PHOTOGRAPHY AGREEMENT

I am a voluntary participant in a public science, education, and outreach event called Rhode Island BioBlitz (Event), organized by the Rhode Island Natural History Survey (Survey).

I understand that the Survey or its designees, the Event’s sponsoring organizations, cooperating landowners, and other Event participants may be photographing and making visual and audio recordings on various media during the Event.

The purposes of these photographs and recordings include documenting the Event and its findings; promoting the Event and future similar Events; communicating to various audiences about the works of the Survey for promotion and fundraising; and other lawful uses related to the Survey’s mission and operations and the mission and operations of the Event’s sponsors and cooperating landowners.

I understand that these photographs and recordings may include me, my likeness, voice, or biographical details.

I agree that those making lawful photographs or recordings during the Event shall own all right, title, and interest in the photographs and recordings for use in any lawful manner or media now or hereafter throughout the world and may use, edit, modify, or credit them in any lawful way at their sole discretion.

I have the right to enter into this Agreement and my doing so will not conflict with any other commitment(s) I have made.

Participant’s Name: _____

Participant’s Signature: _____
(or parent or guardian if the participant is a minor)

Date: _____