

COASTAL MASTER NATURALISTS ASSOCIATION

GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS AND HOLD HARMLESS AGREEMENT

In consideration of participation in purely voluntary field- based activities offered by the Coastal Master Naturalists Association (CMNA), a South Carolina Nonprofit Corporation, I hereby agree as follows:

I, _____ fully understand that there are potential risks and hazards associated with CMNA field trips/activities, including, but not limited to, possible injury or loss of life. These risks and hazards include, but are not limited to, elevation changes, exposure to toxic plants, venomous animals, uneven terrain, drowning, dehydration, sun exposure, or heat stroke, insect bites and stings, broken bones, muscle strains or other injuries. Despite the potential risks and hazards of these field trips/activities, I wish to proceed and freely accept and assume all risks and hazards that may arise from my participation in the field trips/activities that could result in loss, illness, personal injury, death or property damage to me or my property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I, _____ for myself and my estate, heirs, administrators, executors, and assigns, do hereby release and hold harmless, the CMNA, its Board of Directors, officers, employees , representatives, agents and volunteers, (collectively, the Releasees) from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims or causes of action that I, my estate, heirs, administrators, executors or assigns may have for any loss, illness, personal injury, death or property damage arising out of or connected with, or in any manner pertaining to field based activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

I further agree to hold harmless the Releasees from any judgment, settlement, loss, liability, damage or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any negligent or deliberate act or omission on their part during my participation in the field activities.

In signing this agreement, I acknowledge and represent that I have read and fully understand it. That I am giving up substantial rights. That I sign it voluntarily and for full and adequate consideration, fully intending to be bound by same. That I am at least eighteen (18) years of age and fully competent.

SIGNATURE _____

NAME(PRINTED) _____

WITNESS _____

WITNESS(PRINTED) _____

DATE _____