

**Joseph H. Williams Tallgrass Prairie Volunteers:
LIABILITY RELEASE FORM / Jan. 1, 2018-March 31, 2019**

I, _____, have volunteered to assist The Nature Conservancy (the “Conservancy”), a nonprofit corporation organized and existing under the laws of the District of Columbia, at the Joseph H. Williams Tallgrass Prairie Preserve near Pawhuska, Oklahoma.

I have volunteered my time and services because of my support for the Conservancy and my desire to participate actively in the furtherance of its work. In the course of such volunteer service, I agree to abide by all relevant rules and regulations of the Conservancy. I understand that I serve at the pleasure of the Preserve Director, and I agree to terminate my service as a docent if directed to by the Preserve Director

I understand that my activities as a volunteer may expose me to hazards such as vehicular traffic over both improved and unimproved roads, weather, domesticated and wild animals (especially bison), fire, navigating natural landscapes, use of tools and equipment, and strenuous manual labor. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all such risks associated with my volunteer activities, and therefore agree not to initiate any action against the Conservancy relating to any incident associated with the normal course of such activities.

I grant the Conservancy permission to take photographs and video recordings of me and to display, publish or otherwise use any photographs, video recording, or any other media associated with the stewardship activities, including any media which contains my image or likeness, for the Conservancy’s purposes. I also consent to the use of my name in connection with such images. I hereby authorize the Conservancy to include my contact information on a Docent Roster and to share the Roster with other active docents and Conservancy staff. I release, indemnify and hold harmless the Conservancy and its officers, directors, agents and employees from any and all claims which may result at any time by reason of the use of my image and name, including, without limitation, claims of privacy. My heirs, executors, administrators and assigns shall be bound by this consent and release.

Signature

Date

Name (please print)

E-Mail Address

Mailing Address

Preferred Phone (home / cell / work)

City, State - Zip

Alternate Phone (home / cell / work)

Emergency Contact Name & Phone Number(s):
