

RELEASE OF LIABILITY
Hawk Ridge Bird Observatory (HRBO)

ACTIVITY HRBO Spring Owl Monitoring Program

NAME _____ DATE _____

ADDRESS _____ PHONE(S) _____

I, _____, wish to participate in the HRBO Spring Owl Monitoring Program. I am informed that HRBO activities are led by HRBO selected people who may or may not be HRBO employees and that they function as representatives of HRBO.

I recognize that the HRBO Spring Owl Monitoring Program activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage or loss of property which I may incur due to negligence or accidental occurrences while I am participating in the HRBO Spring Owl Monitoring Program.

In consideration of the opportunity to participate in the HRBO Spring Owl Monitoring Program, I, on behalf of myself, my agents, heirs and next of kin, hereby release HRBO and their representatives, employees, officers, and agents from any responsibility or liability for personal injury, including death, and damage to or loss of property, that I may incur due to the acts of HRBO, my own negligence, or due to accidental occurrences while I am traveling to or from and during an owl survey, using or operating equipment, or otherwise participating in the HRBO Spring Owl Monitoring Program.

I verify that I have no physical disability, impairments, or chemical dependencies that might inhibit my participation in the HRBO Spring Owl Monitoring Program, and I agree to abide by all HRBO regulations regarding my participation in the HRBO Spring Owl Monitoring Program.

I, the undersigned, am at least 18 years of age, am competent to sign this release, and have read carefully and understand all its terms.

Signed _____ Date _____

Witnessed by _____ Date _____