

**KCWL VOLUNTEER WAIVER OF LIABILITY
ASSUMPTION OF RISKS
AND
PHOTO RELEASE**

I am aware that working as a volunteer for a Kansas City WildLands (KCWL) work day is a potentially dangerous activity. I warrant that I have no physical or psychological medical conditions that would create risk(s) for myself or others in connection with this volunteer activity. The volunteer work I may perform will take place in a natural environment with inherent dangers that include, but aren't limited to, exposure to noxious plants, such as poison ivy, snake or insect bites, falls due to uneven ground, stumps, roots, loose footing, etc., and the effects of weather conditions, including high heat and/or humidity, sun, cold, wind, snow, rain or ice. In the event my volunteer activities take place through the use of an automobile or other motorized vehicle or in an office or other setting I understand that there are certain additional and different risks that arise in such atmospheres and this waiver and assumption of risk is intended by me to include any and all such risks. Therefore, I assume any and all risks directly or indirectly associated with working as a KCWL volunteer. I understand that I am solely responsible for my own safety both on the premises and in traveling to and from KCWL work sites.

Being aware of the above facts, and in consideration of being allowed to contribute to the habitat restoration efforts as a volunteer for KCWL, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and do release KCWL, Bridging The Gap, Missouri Department of Conservation, and all other KCWL Partnership members including the Land Manager of the site(s) work takes place on, and their representatives, successors or assigns, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation as a KCWL or as a Bridging The Gap volunteer.

Additionally, I understand that photos may be taken during the event I am participating in, and I hereby grant Bridging The Gap the right to use and publish photographs of me, or in which I may be included, without compensation, for editorial, trade, promotional, and any other purpose and in any manner and medium and to copyright the same. I hereby release Bridging The Gap from all claims and liability relating to said photographs.

This Waiver of Liability and Assumption of Risks extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Application for minors will be accepted only with a parent's signature.

PLEASE PRINT CLEARLY

Printed Name of Volunteer

Signature of Volunteer

Date

Parent's or Legal Guardian's printed name and signature if volunteer is under the age of 18

Date

Address _____

City/State/Zip _____

Telephone _____

Email _____

Emergency Contact Information: Name: _____ Phone Number : _____

Group Information, if applicable: Group Name: _____ Group Contact: _____