



A Project of the North Branch Nature Center  
713 Elm Street  
Montpelier, VT 05602  
(802) 229-6206  
www.northbranchnaturecenter.org



## Release and Waiver from Liability

Please print, sign and submit this form when you register at the BioBlitz.  
Copies of this form will be available at the BioBlitz.

In consideration of the services of the North Branch Nature Center, the Friends of the North Branch Nature Center, the City of Montpelier, the State of Vermont, as well as their agents, sponsors, donors, officers, participants, consultants, employees, and all persons of entities acting in any capacity on their behalf, such people will herein after collectively be referred to as the Montpelier BioBlitz Parties.

I understand that a BioBlitz presents enjoyment and discovery, as well as obvious and necessary risks. Accordingly, know all people that I \_\_\_\_\_, residing in \_\_\_\_\_, for and in consideration of mutual promise of the undersigned and the Montpelier BioBlitz do hereby agree and promise to:

- 1) accept and assume all risk existing in my participation in the Montpelier BioBlitz and acknowledge that my participation is purely voluntary;
- 2) voluntarily release, forever discharge, and agree to indemnify and hold harmless the Montpelier BioBlitz Parties, their successors, assigns, agents and employees and their heirs, distributors, executors or administrators from any and all claims, demands or causes of action which are in any way connected with my participation in Montpelier BioBlitz or my use of the Montpelier BioBlitz Parties' equipment or facilities, including any such claims that allege negligent acts or omissions of the Montpelier BioBlitz Parties;
- 3) should the Montpelier BioBlitz Parties or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, indemnify and hold them harmless of all such fees and costs;
- 4) certify that I have adequate insurance to cover any injury or damage I may suffer while participating or else I agree to bear the cost of such injury or damage myself;
- 5) certify that I have no medical or physical conditions that could interfere with my safety in participating in the Montpelier BioBlitz, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_