

**WHATCOM LAND TRUST AND The Whatcom Conservation District EVENT/VOLUNTEER
ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY
2025**

Volunteer Info (please fill out form completely)	Name:
Address:	Phone:
	Email:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING. THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY MAY AFFECT YOUR RIGHTS.

I accept and understand that there are risks involved in performing any physical activity. I certify (1) I am physically fit for the events and volunteer opportunities provided by the Whatcom Land Trust individually or in partnership with Nooksack Salmon Enhancement Association and Whatcom Conservation District and which I seek to engage in ("Activities" or "Activity"), (2) I have not been advised by a physician to refrain from engaging in Activities, and (3) I have the requisite skills to competently and safely perform Activities. If at any time I feel an Activity which I am performing may be beyond my skills or unsafe, I shall immediately stop said Activity. I am voluntarily participating in Activities with acceptance and knowledge of the risks involved and I knowingly and freely assume those risks.

In consideration of the opportunities to participate in Activities, I hereby take the following actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns, or anyone else who might claim and/or sue on my behalf or on behalf of my heirs and assigns, and I expressly acknowledge that it is my intent to take these actions:

- (A) I WAIVE, RELEASE, AND DISCHARGE** the Whatcom Land Trust, Nooksack Salmon Enhancement Association, and Whatcom Conservation District, their boards of directors, officers, managers, agents, employees, volunteers, successors, and assigns (collectively, "Releasees") from any and all claims, allegations, losses, or liabilities for death, personal injury, disability, lost wages, property damage, medical and hospital bills, theft, economic losses, or other claim or damage of any kind, which may now or in the future arise out of my participation in or traveling to or from Activities, regardless of whether such claim or damage is due wholly or partially to Releasees' negligence; and
- (B) I UNDERSTAND THAT TRANSPORTATION TO AND FROM THE ACTIVITY SITE IS NOT PART OF ANY RELEASEE-SPONSORED ACTIVITY.** Although Releasees recommend carpooling, I agree that if I carpool, it is an independent action organized by myself and other individuals on our own initiative and at our own risk; and
- (C) I WAIVE MY RIGHTS TO BRING AN ACTION AGAINST RELEASEES** for any of the claims, losses, or liabilities that I have waived, released, or mentioned above; and
- (D) I AGREE TO INDEMINIFY AND HOLD RELEASEES HARMLESS** from any of the claims made or liabilities assessed against them as a result of my participation in Activities, including my own negligence; and
- (E) I CONSENT TO EMERGENCY MEDICAL CARE, INCLUDING TRANSPORTATION,** as Releasees or another participant in Activities may deem appropriate if I am injured while participating in Activities, agree that the transportation, medical and hospital bills for such emergency medical care will be my own responsibility and not the responsibility of Releasees, and agree that Releasees has no duty to provide me with such care;
- (F) I AFFIRM THAT THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY IS VALID FOR ALL ACTIVITIES I UNDERTAKE,** regardless of whether the Activities occur at one event or time or many events or times, now or in the future; and
- (G) I FURTHER AGREE THAT:** (i) a digital, scanned copy of this Acknowledgement, Waiver and Release from Liability shall be considered the same as the original for evidentiary purposes; and (ii) the terms of release, waiver, and indemnity contained herein are intended to be as broad and inclusive as allowed by the laws of the state of Washington, and the invalidity of any specific clause shall have no impact on the validity of any other clause.
- (H) Check only if applicable:** ☐ I am the parent or guardian of (print name) _____, a minor under the age of thirteen, and am executing this acknowledgment, waiver and release on their behalf.

I HEREBY CERTIFY THAT I HAVE READ CAREFULLY, UNDERSTOOD, AND ACCEPTED THE CONTENTS OF THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE.

Signature:	Date:
Printed Name:	

PHOTO / VIDEO CONSENT ADDENDUM

I authorize and consent to being photographed and/or videoed at Whatcom Land Trust ("WLT") events, and to the display, reproduction, and alteration or other use of any photographs, videos, or other recording of me, or in which I may be included with others, in connection with publications of WLT in any type of media, whether print or electronic, including for purpose of promotion of WLT, promotion of WLT events and programs, or WLT fundraising, irrespective of topic or purpose. I give this authorization and consent without compensation of any kind. I hereby release WLT from all liability in connection with the publication and future use of my name and likeness and the photographs, videos or other recordings identified above.

<i>Signature</i>	<i>Date Signed</i>
<i>Printed Name</i>	

I hereby certify that I am the parent or legal guardian of _____
and give my consent to the above on behalf of this person.

<i>Signature</i>	<i>Date Signed</i>
<i>Printed Name</i>	