



Name of Volunteer: \_\_\_\_\_

**INDIVIDUAL LIABILITY RELEASE FORM**

This form applies to ALL event participation with Sequoia Riverlands Trust, from today to July 31<sup>st</sup> of the following year. It includes but is not limited to the following types of activities:

- Working in an outdoor setting - including on uneven, sloping terrain
- Using hand tools, such as shovels, clippers, rakes, etc.
- Coming in close contact with a variety of plant and wildlife species
- Carrying and moving heavy loads
- Working in close proximity to highways
- Working in hot, dry, and sunny climates for extended periods of time

**VOLUNTEER LIABILITY RELEASE:**

I personally and voluntarily assume and accept any and all risk for harm, trauma, injuries or damage that I may suffer to my person or my property whether foreseen or unforeseen in connection with all activities performed today and in the future with Sequoia Riverlands Trust.

I certify that I am aware of the inherent risks, dangers and hazards associated with these present and future activities and I voluntarily choose to participate, fully accepting such risk, dangers and hazards should they arise. I understand they may cause property damage or loss and/or personal injury.

On behalf of myself, my heirs and assigns, executors or administrators, I unconditionally release and discharge Sequoia Riverlands Trust, its Board of Directors, employees or volunteers from all liabilities, claims, costs, expenses, demands and causes of action that may arise from any negligent act, omission, default, failure or error on the part of SRT or their designated staff (including any negligent act, omission, default, failure or error) and/or on the part of any participant in these activities (including any negligent act, omission, default, failure or error) occurring wholly or partially during the course of this or any other activity, for both today's and future activities.

**VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:**

In the event of emergency where medical aid or treatment is required due to prevent illness or injury while participating in all activities on Sequoia Riverlands Trust Properties, I authorize SRT to secure and retain medical treatment and transportation for me if needed.

**VOLUNTEER PHOTO RELEASE:**

I authorize Sequoia Riverlands Trust to use my image or license in its publicity or promotional material, including but not limited to its website, social media, annual report, press releases or other SRT Materials for both present and future activities in which I participate.

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_  
 Home  Cell  Work

Address: \_\_\_\_\_

Physician's name and location of practice: \_\_\_\_\_

As a returning volunteer, I certify that if my personal or emergency contact information changes, I will notify Sequoia Riverlands Trust to make the appropriate changes to my contact information.

**Please sign below to agree to all above terms.**

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)

**Please complete and e-mail to: [info@sequoiariverlands.org](mailto:info@sequoiariverlands.org) or bring hard copy to event**