

**RELEASE OF LIABILITY & USE OF IMAGE
BY AN ADULT PARTICIPANT**

Program: _____ Site: Hog Island
Program Leader(s): _____ Date of Participation: /2022

In consideration of my participation in the National Audubon Society, Inc. ("Audubon") program identified above (the "Program"), I state and agree as follows:

I agree and understand that recordings, which may include my image, appearance, voice, name and/or biographical material ("My Likeness") may be made and/or produced at the Program. I hereby give Audubon permission to use, reproduce, duplicate, broadcast, sublicense, and distribute My Likeness, in any and all media, including but not limited to the Internet, whether now known or hereafter devised, in perpetuity. I agree that I have no claim for compensation, that My Likeness may be used in commercial or advertising materials, that My Likeness may be edited at Audubon's sole discretion, and that I waive any right to inspect or approve the finished version.

I agree that Audubon may use, reproduce, display, make derivative works, sublicense, and distribute any materials I create while participating in the Program ("Artwork"), or any parts thereof, in any and all media, including on the Audubon website and in Audubon magazine, and permit Audubon to use the Artwork in connection with fundraising appeals. Audubon's license to use the Artwork shall be perpetual, royalty-free and non-exclusive

I agree to follow the instruction of the Program Leader(s). I have been instructed in and understand the use of equipment I am to use. I understand that there are possible dangers associated with the Program, including, but not limited to, _____ boat trip in open water, uneven terrain, _____.

I understand that my participation in the Program may involve sustained strenuous physical activity. I am in good health and am aware of no physical problem or condition that will limit or interfere with my ability to participate in the Program.

During the COVID-19 epidemic, Audubon's primary concern is the health and safety of staff, volunteers, and visitors to our offices, centers and sanctuaries. To avoid exposure to the COVID-19 virus, the Centers for Disease, Control and Prevention (CDC) recommends that you avoid close contact with people, except those who live with you; stay home if you are sick; wear cloth face coverings in public; wash your hands frequently; avoid touching your face; cover your cough or sneeze with a tissue that you can then immediately throw away; and clean and disinfect frequently touched surfaces.

We ask anyone who is feeling unwell or who has had contact with someone diagnosed with COVID-15 to stay at home until the risk for infection has passed. However, no public activity can be 100 percent safe. By participating in the Program, you accept the risk that you may come into contact with pathogens, including the COVID-19 virus. Older adults and people of any age with severe underlying medical conditions may be at higher risk for developing serious complications from COVID-19. If you are in an elevated risk category, please consider volunteering at a later date when it is safer to do so.

I agree that I am participating in the Program at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I expressly release and hold harmless Audubon and its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands, actions and causes of action whatsoever for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use or alteration of My Likeness (or any part thereof); or (ii) any loss, damage or injury to person or to property suffered or incurred by me in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Participant Information:

Participant's Name (print)

Participant's Name (sign)

Date

Emergency Contact Information:

Emergency Contact Name

Emergency Contact Phone Number