

## RELEASE OF LIABILITY BY AN ADULT PARTICIPANT

Program: Field Trips Site: Various  
Program Leader(s): Various Dates covered: September 1, 2020 through September 1, 2021

In consideration of my participation in the Halifax River Audubon ("HRA") activities identified above (the "Field Trips"), I state and agree as follows:

I understand that my participation in the Field Trips 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, or put any other participants at risk.

During the COVID-19 epidemic, HRA's primary concern is the health and safety of the participants. 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-19 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 participating 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 HRA has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

**I expressly release and hold harmless Halifax River 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 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