



Volunteer Liability Form

LIABILITY RELEASE for Phinizy Center for Water Sciences. (Revised 06/13/2014)

I, _____, have chosen to participate in volunteer activities sponsored by Phinizy Center for Water Sciences, a nonprofit corporation organized and existing under the laws of Georgia.

Activity in a natural ecosystem such as Phinizy Swamp involves risks which cannot be eliminated by Phinizy Center for Water Sciences. In consideration for being allowed to participate, I willingly assume all risks associated with my participation and I grant this release of liability. I understand and agree to abide by all instructions, rules and regulations of the leader designated by the Center regarding safety and the use of all equipment. I also give the Center permission to use, at their discretion, any photographs taken of me while participating in the outing.

On behalf of myself, my estate and personal representative thereof, my heirs and assigns, I hereby forever release Phinizy Center for Water Sciences, a nonprofit corporation organized and existing under the laws of Georgia, its officers, directors, employees and agents from any and all costs, claims, losses, liabilities or damages arising from or in any way related to my participation in this outing. I expressly intend this release to be effective with regard to claims of liability asserted in negligence, strict liability, tort, or other theory of recovery. For myself, my estate, and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against the Center, its officers, directors, employees or agents, relating to any accident, incident or occurrence arising out of or in connection with my participation on this outing.

IN WITNESS WHEREOF, I have executed this release.

..... <i>Volunteer signature</i> <i>Phinizy Center representative signature</i>
..... <i>Volunteer printed name</i> <i>Phinizy Center representative printed name</i>
..... <i>Date</i> <i>Date</i>

Volunteers working with children:
 Our liability insurance provider requests that we require volunteers working with children to submit information to us to provide to the Richmond County Sheriff's Department for a criminal background check. Please complete, sign and date the Center Background Investigation Questionnaire and return it to us with a copy of your driver's license and social security card. We will contact you when the background check is completed. All information provided to us will be kept confidential.

I agree to a criminal background check for the purposes of my volunteer services at Phinizy Center for Water Sciences. (*Volunteer initial*)