



## Preserve Access Liability and Photo Release Waiver

In consideration of my visit to a Pines and Prairies Land Trust ("PPLT") preserve I agree as follows:

1. I will follow the instructions of all PPLT staff and board members.
2. I understand that the preserve is filled with the dangers of nature including but not limited to; uneven footing, slanted ground, stinging or biting insects, animals, and plants, intense weather, and heat. I agree that I am visiting at my own risk, and acknowledge that PPLT has made no warranty or representation, express or implied, regarding my safety.
3. On behalf of myself, my heirs, successors and assigns, I hereby forever release, indemnify and hold PPLT, its officers, directors, employees and agents, harmless from and against any and all claims, liabilities, losses, damages, costs and expenses arising from or in any way related to, my visit at the preserve. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.
4. I grant PPLT permission to take photographs and video recordings of me and to display, publish or otherwise use any photographs, video recording, or any other media which contains my image or likeness, for PPLT's purposes. I also consent to the use of my name in connection with such images. I release, indemnify and hold harmless PPLT and its officers, directors, agents and employees from any and all claims which may result at any time by reason of the use of my image and name, including, without limitation, claims of privacy. My heirs, executors, administrators and assigns shall be bound by this consent and release.
5. I understand that visitors under the age of 16 must be accompanied by an adult.
6. I agree to not participate in any PPLT events if I:
  - a. Experience symptoms of COVID-19, including but not limited to a fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, a sore throat, congestion or runny nose, nausea or vomiting or diarrhea.
  - b. Have a suspected or confirmed case of COVID-19. Or
  - c. Have been exposed to any person with a suspected or confirmed case of COVID-19.
7. I also understand and acknowledge that disease processes can occur in all environments, including outside at PPLT nature preserves and during volunteer service activities. I acknowledge and agree that I am voluntarily participating in these activities and it is my sole responsibility to take all steps necessary to safeguard myself from possible exposure. I understand and agree that by engaging with and in the

activities offered by PPLT, I am accepting and assuming the risk that I may be exposed to COVID-19 or other disease processes, which are inherent risks that cannot be eliminated.

8. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made in it are all true, and that I am at least 18 years of age or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included below.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

#### PARENTAL CONSENT FOR PARTICIPATION BY MINORS

I am the parent or legal guardian of \_\_\_\_\_, who has my permission to access the PPLT preserve. I make all of the representations and agree to all of the terms specified above with respect to my child's or ward's participation in these activities.

Parent/Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Date: \_\_\_\_\_