

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

**Adult's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Program** \_\_\_\_\_  
**Date of Participation (include all dates)** \_\_\_\_\_

I wish to participate in National Audubon Society, Inc.'s ("Audubon") program identified above (the "Program"), which may include in-the-classroom and outdoor field trip experiences. I understand that there are possible dangers associated with the Program, including but not limited to, contact with allergenic plants, stinging insects, or transporting to field trip sites. I understand that my participation in the Program may involve sustained physical activity. I am in good health and I am aware of no physical problem or condition that will limit or interfere with my ability to participate in the Program.

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.

\_\_\_\_\_(**Initial Here**) I hereby grant permission to Audubon to reproduce my appearance, likeness, and voice in connection with the Program in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

**I expressly release Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by me, except by Audubon's negligence, in connection with any aspect of my participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.**

I expressly waive all rights under Section 1542 of the Civil Code of California, which reads as follows: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

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.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Date \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_  
Emergency contact number: \_\_\_\_\_