

**Shelton View Forest Stewardship Association
Liability Waiver**

BY SIGNING this Liability Waiver, I agree to hold any and all landowners, Shelton View Forest Stewardship Association (SVFSA), and all of its members harmless for any injury resulting from my visit and volunteer work.

I further agree to work safely around all others and place their safety and my own above all other considerations. I will notify a SVFSA representative immediately if I should receive any injury. If fatigued, I will stop work until I recover. I will remain hydrated and watch for potential hazards to myself and other volunteers. I will report unsafe conditions or behavior immediately.

VOLUNTEER CONTACT INFO:

PRINT VOLUNTEER NAME _____ CIRCLE ONE: Adult / Minor

ADDRESS _____ CITY _____ ZIP _____

EMAIL: _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP: _____

PHONE: _____

PHOTO RELEASE:

By checking this box, I acknowledge that photos taken of me at this event may be used in SVFSA publications including but not limited to the website, Facebook Page, and printed materials. If I do not want my photo taken or shared, I will let an event leader know.

SIGNATURE _____ **DATE** _____

(If under 18 years of age this must be signed by a parent or legal guardian)