

**Outer Banks Conservationists  
Volunteer Statement of Permission and Liability Waiver (Adult)**

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Volunteer Email: \_\_\_\_\_

Volunteer Phone: \_\_\_\_\_

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

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

Please list any pre-existing medical conditions that OBC staff and medical personnel should be aware of if treatment is necessary:

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**RELEASE OF LIABILITY/AGREEMENT NOT TO SUE FOR VOLUNTEER  
ACTIVITIES:**

I wish to participate as a volunteer for Outer Banks Conservationists (“OBC”). I am aware that my participation in this activity involves certain known and unknown risks including but not limited to the risk of injury or death, for example resulting from animal bites, scratches, bruises, torn ligaments, contusions, concussions, head, neck or spinal injuries, sprains or broken bones, and heat exhaustion. I understand that the risks cannot be eliminated without defeating the essential qualities of the activity. I wish to participate in this activity with knowledge of the danger involved and hereby agree to accept full responsibility for the risks and dangers involved.

I confirm that I am physically and mentally capable of participating in the activity, and

**I ELECT TO PARTICIPATE IN SPITE OF THE RISK. I PARTICIPATE WILLINGLY  
AND VOLUNTARILY. I ASSUME FULL RESPONSIBILITY FOR PERSONAL  
INJURY, ACCIDENTS, OR ILLNESS, INCLUDING DEATH AND ANY RESULTING  
EXPENSE.**

**I ASSUME THE RISK OF PERSONAL INJURY, ACCIDENTS AND OR ILLNESS,  
INCLUDING BUT NOT LIMITED TO THOSE DESCRIBED ABOVE.**

In consideration to being allowed to participate as a volunteer with OBC, I agree to the following:

- 1) To the fullest extent by law, I hereby release, and agree to indemnify and hold harmless, OBC, its employees, agents, and contractors and each and every landowner on whose property an activity is conducted, from any and all actions, claims, demands or suits which could be brought by myself, my heirs, assigns or personal representatives for any loss, injury, or damage sustained during and resulting from participation in any activity at OBC.
- 2) I understand that as a volunteer I am not an employee and not covered by the Workers Compensation Act and not covered by OBC's workers compensation insurance.
- 3) I agree that OBC, its employees, agents, and contractors will not be legally responsible for any loss, injury or damage of any kind to me, my heirs or assigns, resulting from any cause, including negligence.
- 4) I agree that I participate in this activity at my own risk. I understand and agree that OBC shall not be liable for any loss, damage, or injury resulting from this activity.
- 5) I agree that I will not sue or otherwise make any claim against OBC, its employees, agents (whether paid or volunteer) and contractors for any loss, injuries, or damages resulting from participation in the activity.
- 6) The terms of this release shall also be binding as to any other persons, including family members, heirs, executors or administrators, and including any minors who may accompany me. I understand that this is a binding contract which supersedes any other agreements or representations and is not intended to provide a comprehensive and complete release of liability, but is not intended to assert defenses which are prohibited by law.
- 7) I am legally competent to sign this release.

I have carefully read this agreement and fully understand its contents and sign it of my own free will. I agree to release, hold harmless and indemnify OBC, its employees, agents, and contractors for any claim that I could bring. I agree to be solely responsible for any medical or legal expenses I might incur resulting from my participation as a volunteer. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

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

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

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

### **Photo Release**

OBC takes photographs for use in marketing materials. Please sign below to authorize yourself being photographed during OBC programs and to give permission for these photos to be used in publications, media releases, and future presentations.

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