



# Audubon | MID-ATLANTIC

Program: Philly Birding Weekend

Site: Various sites in/near Philadelphia

Date: October 12 & 13 2024

I, adult named above or as the parent and/or legal guardian of the child named below, I wish to/for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above (the "Program"), which may include in-the-classroom and outdoor field experiences, I state and agree as follows:

I agree and understand that photographs, which include my/my child's image, taken at the Program may be used in Audubon's publications for Audubon's advertising, publicity, commercial or other business purposes. I hereby give Audubon permission to duplicate and distribute the photographs, or any parts thereof which include my/my child's image, in perpetuity in any manner and in any and all media, including the Internet, whether known now or hereafter devised. I waive any right to inspect or approve the finished version(s).

I agree to follow the instruction of the Program Leader(s). I have been instructed in and understand the use of equipment I am/my child is to use. I understand that there are possible dangers associated with the Program, including, but not limited to, walking, falling on the ground or in the water, riding in a motorboat/canoe/kayak, collisions with equipment, and the use of binoculars. I understand that my/my child's participation in the Program may involve sustained strenuous physical activity. I am/my child is in good health, and I am aware of no physical problem or condition that will limit or interfere with our ability to participate in the Program, or put any other participants at risk.

I agree that I am/my child is 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.

I expressly release and hold harmless Audubon and its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands, actions and causes of action whatsoever for any loss, damage or injury to person or to property suffered or incurred by me/my child in connection with the Program or any aspect of it, including, but not limited to, any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me/my child and our 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.

At our programs, Audubon is providing hand sanitizer, disposable masks, and has increased its cleaning of frequently touched surfaces such as tools. We ask anyone who is feeling unwell to stay home. However, no public activity can be 100 percent safe. By participating in the Program, you accept the risk that you/your child may come into contact with pathogens, including the COVID-19 virus. Older adults and people of any age with severe underlying medical conditions may be at higher risk for developing serious complications from COVID-19. If you are in an elevated risk category, please consider participating at a later date when it is safer to do so.

Participant Information:

\_\_\_\_\_  
Participant Name (print)                      Participant Name (sign)                      Date

Child's Name (if applicable) \_\_\_\_\_

Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_