

Nisqually BioBlitz 2009

Volunteer Agreement and Liability Waiver



Thank you for volunteering with the Pierce County Biodiversity Alliance (PCBA). Your time and effort make our communities a better place to live. Please sign your name to indicate you have read and understand the liability paragraph below and fill out the form completely.

“By signing this agreement/liability waiver, I agree to indemnify and hold the landowners, PCBA, its representing agencies and employees, other volunteers, and any other third party for whom I am performing volunteer services, harmless from and against any liability, claim, injury, or costs arising from or resulting from my work as a volunteer. Furthermore, I acknowledge that there are potential hazards associated with the Nisqually BioBlitz 2009 activities and I agree to exercise common sense and follow all safety precautions to avoid accident and injury.”

Participant’s signature _____ Date _____

Printed Name _____ Age (if under 18) _____

Complete Address _____

Phone _____ Cellular phone _____

Email _____

Parental Signature for minors (under 18 years old): _____

Date _____ Parent’s Printed Name _____