



## PARTICIPANT SIGN-IN RELEASE AND WAIVER OF LIABILITY

**Name of Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Event Leader(s):** \_\_\_\_\_

**RELEASE, HEALTH & SAFETY:** In consideration of receiving permission from Save Georgia's Hemlocks, Inc. (SGH) to take part in the above event, and having full confidence that every precaution will be taken to ensure the safety and well being of all participants, I agree to participate and do hereby release, hold harmless, and forever discharge this organization, together with its successors, assigns, and all of its officers, directors, employees, leaders, co-leaders, and members, from any and all liability, claims, demands, actions, or cause of actions, whatsoever which arise or may hereafter arise out of or related to any injury, illness, loss or damage, including death, relating to participation in the said activity. I warrant that my health and physical condition are sufficiently good to allow me to participate in this event without danger to myself or others, and that I have received adequate instructions concerning the event activities and safety.

**EMERGENCY TREATMENT:** In the event of an emergency, the event leaders have my permission to obtain medical treatment for me from the nearest hospital, emergency facility, or doctor, at my expense, and I hereby release and forever discharge the above named organization from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the activity.

**PHOTOGRAPHIC PERMISSION:** In addition, I hereby grant to the above named organization all rights, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by them during the above activity, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**COVID DISCLAIMER:** I am aware that my participation in this project may expose me to Covid 19, and I agree that I am voluntarily assuming this risk.

**Print Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Emergency Contact Name & Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **RT Travel Time:** \_\_\_\_\_ **Hrs Worked:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Emergency Contact Name & Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **RT Travel Time:** \_\_\_\_\_ **Hrs Worked:** \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **RT Travel Time:** \_\_\_\_\_ **Hrs Worked:** \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **RT Travel Time:** \_\_\_\_\_ **Hrs Worked:** \_\_\_\_\_