



## Field Trip Signup, Checklist and Outing Liability Waiver

Trip: \_\_\_\_\_

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

Leader: \_\_\_\_\_

### Trip Leader Checklist (leader use only)

1. \_\_\_ Completely fill out the first entry on the form to set the precedent.
2. \_\_\_ Before starting the trip, recognize and give a special welcome to any non-members and try to make it an experience worth repeating.
3. \_\_\_ Assign field trip write-up responsibility to \_\_\_\_\_.
4. \_\_\_ At start, encourage participants to ask questions.
5. \_\_\_ Send (regular mail or scan/email) this document to field trip coordinator.

# **GEORGIA BOTANICAL SOCIETY**

## **Outing Liability Release**

I, whose name and signature is included on this form, have chosen to participate in this trip, field trip, or outing sponsored by the Georgia Botanical Society as indicated on the front of this form "the outing." In consideration for being allowed to participate, I willingly assume all risks associated with my participation and I grant this release of liability. I have listened carefully to the hazards outlined by the outing leader. I understand that my participation in this outing entails a risk of physical injury or death, and that I may be exposed to extreme or inclement weather; passage on or through bodies of water (including exposure to white water, strong currents, rocks, snags and similar hazards); unmarked and unprotected topographic hazards such as cliffs, ravines, caves, or falling rocks; exposure to poisonous insects, reptiles or plants; and risks associated with strenuous physical activity. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all risks associated with such hazards, as well as all other risks associated with or arising from my participation in this outing.

I understand and agree to abide by all instructions, rules and regulations of the leader designated by the Georgia Botanical Society regarding safety and the use of all equipment. I understand that no drugs or alcoholic beverages of any type are allowed, and I will be asked to leave if I am suspected to be under the influence of drugs or alcohol.

On behalf of myself, my estate and personal representative thereof, my heirs and assigns, I hereby forever release the Georgia Botanical Society, its officers, directors, and agents from any and all costs, claims, losses, liabilities or damages arising from or in any way related to my participation in this outing. I intend this release to be effective, regardless whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery. For myself, my estate, and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against the Georgia Botanical Society, its officers, directors or agents, relating to any accident, incident or occurrence arising out of or in connection with my participation in this outing.

IN WITNESS WHEREOF, I have executed this release by my signature on this form; and for my children, wards or assigns by their written name and my signature.

I acknowledge that a copy of this statement has been made available to me by my signature on this form.

1) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

2) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

3) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

4) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

5) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

6) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

7) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Medical conditions that might arise on the field trip \_\_\_\_\_  
 Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

8) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

9) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

10) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

11) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

12) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

13) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

14) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

15) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

16) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

17) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

18) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

19) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

20) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

21) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

22) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

23) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

24) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

25) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

26) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

27) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

28) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

29) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

30) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

31) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

32) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

33) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

34) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

35) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

36) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

37) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

38) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

39) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>

40) Printed name \_\_\_\_\_ Signature \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Medical conditions that might arise on the field trip \_\_\_\_\_  
Emergency contact \_\_\_\_\_

Member	<input type="checkbox"/>
Non-Member	<input type="checkbox"/>