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____________________________________________________________________

2) Printed name________________________________________ Signature___________________________
   Telephone________________________________ E-Mail________________________________
   Medical conditions that might arise on the field trip_____________________________________
   Emergency contact____________________________________________________________________

3) Printed name________________________________________ Signature___________________________
   Telephone________________________________ E-Mail________________________________
   Medical conditions that might arise on the field trip_____________________________________
   Emergency contact____________________________________________________________________

4) Printed name________________________________________ Signature___________________________
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8) Printed name________________________________________ Signature__________________________________
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9) Printed name________________________________________ Signature__________________________________
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10) Printed name________________________________________ Signature__________________________________
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11) Printed name________________________________________ Signature__________________________________
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12) Printed name________________________________________ Signature__________________________________
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Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

13) Printed name________________________________________ Signature__________________________________
Telephone___________________________E-Mail______________________________________________________
Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

14) Printed name________________________________________ Signature__________________________________
Telephone___________________________E-Mail______________________________________________________
Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

Member □  Non-Member □
Member □  Non-Member □
Member □  Non-Member □
Member □  Non-Member □
Member □  Non-Member □
15) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________

16) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________

17) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________

18) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________

19) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________

20) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________

21) Printed name________________________________________ Signature__________________________________
   Telephone___________________________E-Mail______________________________________________________
   Medical conditions that might arise on the field trip_______________________________________________________
   Emergency contact________________________________________________________________________________
22) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________

23) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________

24) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________

25) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________

26) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________

27) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________

28) Printed name________________________________________ Signature____________________________________
   Telephone________________________________________ E-Mail__________________________________________   Member □
   Non-Member □
   Medical conditions that might arise on the field trip__________________________________________________
   Emergency contact________________________________________________________________________________
29) Printed name________________________________________ Signature__________________________________
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Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

30) Printed name________________________________________ Signature__________________________________
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Emergency contact________________________________________________________________________________

31) Printed name________________________________________ Signature__________________________________
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32) Printed name________________________________________ Signature__________________________________
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Emergency contact________________________________________________________________________________

33) Printed name________________________________________ Signature__________________________________
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Emergency contact________________________________________________________________________________

34) Printed name________________________________________ Signature__________________________________
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Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

35) Printed name________________________________________ Signature__________________________________
Telephone___________________________E-Mail______________________________________________________
Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

Member □ Non-Member □
Member □ Non-Member □
Member □ Non-Member □
Member □ Non-Member □
Member □ Non-Member □
36) Printed name________________________________________ Signature____________________________
Telephone___________________________ E-Mail______________________________________________________
Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

37) Printed name________________________________________ Signature____________________________
Telephone___________________________ E-Mail______________________________________________________
Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

38) Printed name________________________________________ Signature____________________________
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Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

39) Printed name________________________________________ Signature____________________________
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Emergency contact________________________________________________________________________________

40) Printed name________________________________________ Signature____________________________
Telephone___________________________ E-Mail______________________________________________________
Medical conditions that might arise on the field trip_______________________________________________________
Emergency contact________________________________________________________________________________

Member □ Non-Member □
Member □ Non-Member □
Member □ Non-Member □
Member □ Non-Member □