

## UMNA INJURY WAIVER AND GENERAL RELEASE FORM

By signing your name below as a participant, and/or parent/legal guardian of any activity hosted/planned by the Upstate Master Naturalist Association (UMNA) you acknowledge that participation in the program exposes you to a possibility of personal injury. You, being fully aware that participation in the program exposes you to a possible risk of personal injury, hereby release UMNA officers, members, and affiliates from any liability from property damage, personal injuries, or other claims arising from or in connection with your participation in the program including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You acknowledge that you have read and fully understand the Injury Waiver and General Release Form. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Participants Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_

Participants Name \_\_\_\_\_ Date \_\_\_\_\_

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