

Hague Nature Preserve

Pickerington, Ohio

Release and Waiver of Liability

I desire to participate in event(s) at Hague Nature Preserve (HNP). I understand the activities may include hiking through uneven terrain and that may place me in situations that may pose a risk of harm to me. I agree to abide by all guidelines, rules and instructions provided by the organizers. I understand and accept that this Release and Waiver of Liability is in effect until revoked by HNP, or me in writing or by email and further acknowledge that this is a legal document. I hereby freely, voluntarily, and without duress execute this release under the following terms:

- 1. Waiver and Release.** I hereby release and forever discharge and hold harmless HNP, and its successors, assigns, officers, and volunteers from any liability, claims and demands of whatever kind or nature either in law or equity, which arise or may hereafter arise from acts of volunteerism at the Event or Activity. I understand and acknowledge that this Release discharges HNP from any liability or claim that I may have against HNP with respect to any bodily injury, personal injury, illness, death, or property damage or loss that may result from my work for, or involvement with HNP whether caused by negligence of HNP or its officers, directors, other volunteers, or agents or other Event or Activity sponsors, participants and organizers. I also understand that HNP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to automotive, medical, health, or disability insurance, in the event of injury or illness.
- 2. Medical Treatment.** I hereby release and forever discharge HNP from any claim whatsoever that arises or may hereafter arise on account of first aid, treatment, or service rendered, or lack thereof, in connection with participation in the Event or Activity.
- 3. Assumption of Risk.** I recognize and understand that activities associated with the Event or Activity for HNP may, in some situations, involve inherently dangerous conditions. I hereby expressly and specifically assume the risk of injury or harm in these activities and release HNP from all liability for injury, illness, death or property damage resulting from said activities and release HNP from all liability for injury, illness, death or property damage resulting from said activities of my participation in the Event or Activity.
- 4. Photographic Release.** I grant permission to HNP, their employees, volunteers or other associates, to use my likeness whether by photographic, digital, video, audio, or other means and the full right without compensation to me, my family, heirs or associates to use said likeness in any commercial or non-commercial venture including but not limited to the use in brochures, newsletters, videos, or any other means printed, electronically recorded or broadcast. I understand that I may not be able to withdraw my permission at a later date.
- 5. Insurance.** I understand that HNP does not carry or maintain primary health, medical, life, disability or automotive coverage for any volunteer. Each volunteer is expected and encouraged to obtain his/her own medical or health insurance coverage and automotive coverage.
- 6. Laws that Govern.** I expressly agree that this Release is intended to be broad and inclusive as permitted by the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.



Bill & Joyce **HAGUE FOUNDATION**

8960 Hill Rd S; Pickerington, OH 43147

(614) 618-5490 | billjoycehaguefoundation.org

I have read and signed this Release and Waiver of Liability and provided HNP and event sponsors with my emergency contact information and other information listed below.

Printed Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Applicant's Signature _____ Date _____

Print Name of Parent or Legal Guardian of Applicant under the age of 18 years _____

Signature of Parent or Legal Guardian of Applicant under the age of 18 years _____ Date _____

