



Alaska Songbird Institute Waiver of Liability, Emergency Contact, & Photo Release

Name: _____ Date: _____

will be volunteering with the Alaska Songbird Institute (ASI). I understand that while working in the field I may encounter a variety of risks. I have been made aware of what these risks might be. I fully understand and agree to the following:

1. I am aware of the inherent dangers involved and I freely and knowingly assume all risks to myself and my property. Inherent dangers are likely to include but are not limited to: difficult footing and uneven terrain; exposure to hot, cold, and/or wet weather; possible exposure to moose, bears, and other wildlife; exposure to sun, insects, and other environmental hazards; and the possibility of being scratched or pecked by a bird.
2. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. At times federal, state, and local governments and health agencies have recommended vaccination, social distancing, wearing masks, frequent hand washing and sanitation, and have prohibited the congregation of large groups of people. The Alaska Songbird Institute has put in place preventative measures to reduce the possible spread of COVID-19. These safety protocols Safety precautions for our 2022 season include but are not limited to: working in small groups (<10), encouraging frequent hand sanitation, and cleaning and sanitizing shared project equipment each day. I fully understand that ASI cannot guarantee that we will not become infected with COVID-19.
3. By signing this agreement, I acknowledge that I am aware of the inherent dangers involved and I freely and knowingly assume all risks to myself and my property. I voluntarily assume the risk of working on public lands and volunteering for the Alaska Songbird Institute, including by not limited to, that I may be exposed to or infected by COVID-19. I agree to hold harmless and indemnify ASI and its officers and employees, from and against any and all actions, suits, damages, liability or other proceedings that may arise as the result of my choice to volunteer.
4. I hereby give permission for ASI to use my portrait, photograph, or images to promote the organization, its programs, and achievements. Such use includes but is not limited to using images in public presentations, publications (print or electronic), grant applications, brochures, displays, reports, web pages, and social media.

Name (print) _____

Address _____

City _____ State _____ Zip _____

Preferred phone (_____) _____ Email _____

Signature _____ Date _____

Please List any Allergies _____

Person to be contacted in case of an emergency:

Name _____ Relationship _____

Preferred phone (_____) _____ Alternate phone (_____) _____