SHOAL CREEK CONSERVANCY

Event Name & Location: _____ ***Date & Time:*** _____

PHOTO RELEASE: *I give permission and consent for photographs to be taken of me during the above Shoal Creek Conservancy Event. I further give permission and consent that any such photographs may be published and used by Shoal Creek Conservancy and its agents, for any lawful purpose. I further give permission and consent for photos taken of me at the above event to be used in print and online media.*

LIABILITY WAIVER: *In consideration of volunteer being allowed to provide a service for the Shoal Creek Conservancy, the undersigned hereby releases the Conservancy, its employees and agents, from any action, claim or demand for personal injury, compensation, insurance or property loss arising from or due to any negligent act, omission, fraud or misrepresentation of any kind of the Conservancy, its agents or employees. The undersigned understand there are risks involved to his/her person and property and take responsibility for them, understanding that there is no workers compensation insurance of any kind for volunteers. In the event the Conservancy or volunteer provides transportation for himself/herself or if his/her child is volunteering, this waiver and release shall extend to and release the volunteer driver or Conservancy employee driver from any and all liability.*

Printed Name	Signature	Email	Zip code	Yes, send me the SCC monthly e-newsletter!