



## INDEPENDENT STUDY RELEASE OF LIABILITY AND PHOTO RELEASE

### WAIVER AND RELEASE OF LIABILITY

In return for being allowed to participate in St. Johns Regional Audubon's Young Birders Independent Study Program ("Independent Study Program"), the undersigned **Parent/ Legal Guardian of the participant (hereinafter "Student")**, \_\_\_\_\_, **on behalf of the Student**, (hereafter referred to collectively as "I", "me", or "my") releases and agrees not to sue St. Johns Regional Audubon ("SJRA") or its officers, directors, members, sponsors, agents and affiliates from all present and future claims that may be made by me, the Student, his or her family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Student's participation in the Independent Study Program wherever, whenever, or however the same may occur.

*I understand and agree that the SJRA is not responsible for any injury or property damage arising out of the Independent Study Program, even if caused by the SJRA's ordinary negligence or otherwise.*

I understand that participation in the Independent Study Program could involve certain risks, including, but not limited to, serious injury and death. The Student is voluntarily participating in the Independent Study Program with knowledge of the danger involved and I agree to accept all risks of participation.

*I also agree to indemnify and hold harmless the SJRA for all claims arising out of the Student's participation in the Independent Study Program.*

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Independent Study Program takes place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the SJRA has not arranged and does not carry any insurance of any kind for my benefit or that of Student, his or her parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, the Student is in good health and suffers no physical impairment that would or should prevent the Student's participation in the Independent Study Program.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the SJRA.

**I am the parent or legal guardian of the Student. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.**

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(Signature of Parent/Legal Guardian)

Date



ST. JOHNS  
REGIONAL  
AUDUBON

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RELEASE OF LIABILITY  
AND PHOTO RELEASE**

**PUBLICITY RELEASE**

In return for being allowed to participate in St. Johns Regional Audubon Society ("SJRA") Young Birders Independent Study Program ("Independent Study Program") and all related activities, including any activities incidental to such participation ("Student Activities"), the undersigned Parent/Legal Guardian of the Student (hereafter referred to collectively as "I", "me", or "my") hereby grants to the SJRA, and all officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Student's name, address, voice, photograph and/or likeness, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Independent Study Program in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing the SJRA, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the SJRA. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the SJRA.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Independent Study Program takes place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

**I am the parent or legal guardian of the Student. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.**

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(Signature of Parent/Legal Guardian of Student)      Date

