

ALL ADULTS MUST SIGN THIS FORM
(including docents & sweeps)

<u>Docent Use Only</u>	
Date _____	Location _____
Docent(s) _____	
Sweep(s) _____	
PLEASE COUNT: Total Children <input type="checkbox"/>	Total Adults <input type="checkbox"/>
<i>(include docents, sweeps, and their family/guests)</i>	
DONATION RECEIVED (family walks only) \$ <input type="checkbox"/>	
Docents, please complete ENTIRE box, then return with donations to: CNI, Franklin Cyn Pk, 2600 Franklin Cyn Dr., Beverly Hills, CA 90210	

<u>Family Walks Only</u>
Suggested \$7 Donation per Family, \$5 for Members (with membership card)

Have a wonderful and fun-filled walk!

RELEASE OF LIABILITY, AGREEMENT TO INDEMNIFY, AND ASSUMPTION TO RISK

In consideration for being permitted to participate in nature walks or other activities conducted by The Children's Nature Institute, I, for myself and the children who are participating in the walk with me, and our respective personal representatives, heirs, executors, next of kin, and assignees, hereby acknowledge and agree that we:

1. RELEASE, WAIVE, AND DISCHARGE THE CHILDREN'S NATURE INSTITUTE, ITS PREDECESSORS, SUCCESSORS, ASSIGNEES AND ASSIGNORS, OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AGENTS, AND OTHER REPRESENTATIVES (COLLECTIVELY, "CNI") FROM ALL LIABILITY, CLAIMS, DEMANDS, OR CAUSES OF ACTION FOR ANY AND ALL LOSS, DAMAGE, OR INJURY TO PERSON OR PROPERTY RESULTING FROM OR RELATING IN ANY MANNER WHATSOEVER TO ANY NEGLIGENCE, ACT, OR OMISSION BY CNI.

2. WILL INDEMNIFY AND HOLD HARMLESS CNI FROM ANY LOSS LIABILITY, CLAIM, CAUSE OF ACTION, EXPENSE, OR COST (INCLUDING, WITHOUT LIMITATION, ACTUAL ATTORNEYS' FEES) RELATED IN ANY MANNER WHATSOEVER TO MY PARTICIPATION IN CNI WALKS OR OTHER ACTIVITIES, WHETHER CAUSED BY CNI'S NEGLIGENCE OR OTHERWISE.

3. ARE AWARE THAT THERE ARE INHERENT RISKS IN ANY OUTDOOR ACTIVITIES AND ACCEPT ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO PARTICIPATION IN CNI WALKS OR OTHER ACTIVITIES, WHETHER CAUSED BY CNI'S NEGLIGENCE OR OTHERWISE.

4. Agree that the provisions of this Agreement are intended to be as broad and inclusive as permitted by California law and that if any portion of this Agreement is held invalid, the remainder shall continue in full force and effect.

5. Give permission to be photographed and/or videotaped and for the photographs and videotape to be used by The Children's Nature Institute for its publicity and promotion purposes.

WALKS MAY NOT BE PHOTOGRAPHED OR VIDEOTAPED, EXCEPT FOR PERSONAL OR FAMILY USE, WITHOUT THE CHILDREN'S NATURE INSTITUTE PRIOR WRITTEN CONSENT.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ITS CONTENTS. I AM THE PARENT OR GUARDIAN OF, OR OTHER PERSON AUTHORIZED TO GIVE THIS RELEASE AND AGREEMENT ON BEHALF OF THE CHILDREN NAMED BELOW.

Date: _____ Adult participants, print names: _____

Print names of children: _____ Signature of parent or guardian: _____

Other adult participants, sign names: _____ Total # adults: Children:

Sign Out: _____ To be added to our mailing list, **please print clearly:** Email: _____

Phone: () _____ Address: _____ City: _____ Zip: _____

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