Potomac Valley Audubon Society P.O. Box 578 Shepherdstown, WV 25443

Comprehensive Release for Volunteer Activities

Liability Release (A)			
l,	have vol	unteered to assist the Potomac Valley Audubon Society, a nonprofit	
corporation organized and existing un	have vol der the laws of the State of West Virginia ("	PVAS").	
have volunteered my time and services because of my support for PVAS and my desire to participate actively in the furtherance of its work. I understand that my activities as a volunteer entail a risk of physical injury or death and that I may be exposed to hazards arising from vehicular travel over both improved and primitive roads, use of tools and equipment, and strenuous manual labor. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all risks associated with or arising from my volunteer activities. Because the assertion of claims against PVAS for personal injury occurring during my volunteer service would be antithetical my support of PVAS and its goals and would reduce the ability of PVAS to accomplish its charitable purposes, I grant this release.			
representative thereof, my heirs and a claims, losses, liabilities or damages a whether the claim of liability is asserte representative thereof, my heirs and a	ssigns, I hereby forever release PVAS, its our sing from or in any way related to, my ser d in negligence, strict liability in tort, or othe ssigns, I covenant and agree to make no c	all equipment. On behalf of myself, my estate and the personal officers, directors, employees and agents, from any and all costs, vice as a volunteer. I intend this release to be effective, regardless of theory of recovery. For myself, my estate and the personal aim, nor to institute any suit, action or proceeding against PVAS, its urrence arising out of, or in connection with, my volunteer activities.	
		Initials:	
Confidentiality Staten	nent (B)		
As a volunteer for PVAS, I acknowled	ge that I may have access to confidential ar I information or materials with anyone withir	d privileged information and materials obtained through my affiliation or outside the organization not intended to receive them. This	
	nimals, which might lead to unauthorized co onor information in files, databases or mailir		
		Initials:	
I, the undersigned, hereby grant PV/by PVAS, or anyone duly authorized editorial purposes, at any time in the name in connection with such photogrom any and all claims which may re	by PVAS, of any and all such photograph future in all media now known or hereaft graphs. I hereby release, indemnify and h	and irrevocably consent to and authorize the use and reproduction s, for any legitimate purposes, including for advertising, trade and er developed, throughout the world. I also consent to the use of my old harmless PVAS and its officers, directors, agents and employees by image and name, including, without limitation, claims of privacy.	
Name (please print)	Się	nature	
Address			
Phone		Date	
IF PERSON IS NOT OF LEGAL AGI minor to engage in these volunteer a above; I consent to the foregoing rel- behalf, and on his/her behalf; and I h	activities; I relinquish and assign all rights, ease of liability, confidentiality statement,	Date an of the above-named person. I hereby grant permission for this title and interest, if any, in the photographs described in Part C and consent and release to publication of photographs in my own ess PVAS and its officers, directors, agents and employees from any bove.	
Name (please print)	Signature	Relationship	