



Sitka Conservation Society
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 Sitka, Alaska 99835
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 www.sitkawild.org

“Protecting the natural environment of the Tongass while supporting the development of sustainable communities in Southeast Alaska – since 1967.”

VOLUNTEER RELEASE FORM

Thank you for offering your time and services as a volunteer with the Sitka Conservation Society (SCS).

Completing this release form is a requirement for volunteering in the field with SCS. It must be signed by the volunteer *prior* to entering the field for any SCS fieldwork, including, but not limited to, “groundtruthing,” monitoring, mapping, scientific data gathering, and observing.

If you have any questions regarding the policies outlined in this form, please contact SCS Executive Director Andrew Thoms at 907/747-7509 or Andrew@sitkawild.org.

Volunteer's Name: _____ Date of Birth: _____

Address: _____

City, State/Province _____ Zip or Postal Code _____

Daytime Phone: _____ Cell Phone: _____

I acknowledge that I will be volunteering for the Sitka Conservation Society. I understand there are many possible hazards in SCS fieldwork and travel into the field. Volunteering with SCS could require me to perform activities that can be physically and mentally challenging, and involve an element of risk. Whereas SCS staff will do everything possible to ensure a safe volunteer experience, there remains the possibility of injury to myself and others.

I understand SCS is responsible for providing a safe and professional volunteer experience. However, I also realize the need for me to be accountable for my own safety and well being. I agree to follow all staff instructions and directions, as they relate to conduct and safety, and to maintain the awareness of the need for safety at all times.

In acknowledgement of the importance of being fully responsible for my current state of health and well being, I will read the following sections, indicating that I have read and understood them by signing my name at the end of this document.

CONFIDENTIAL MEDICAL HISTORY

Before volunteering with SCS, it is important for the SCS staff to be informed of any *relevant* medical conditions of the volunteer. A relevant medical condition or illness is one that, if for whatever reason were not attended to, could constitute a medical emergency, e.g., severe allergies, diabetes, severe migraines, etc. Most SCS fieldwork is done in **remote** locations that are difficult to access and where medical assistance is not readily available. I acknowledge that I must disclose to SCS staff all relevant medical conditions and physical activity concerns that may limit my participation as a volunteer. If I have any medical condition or problem that SCS staff should be aware of, I understand it is my responsibility to inform SCS of the existing condition in the following form, *SCS Medical History*. I also understand the information I provide will be held in confidence and used only to render proper assistance should the need arise.

ASSUMPTION OF RISK

The physical and emotional well-being of all volunteers is a top priority of SCS staff. While volunteering in the field, volunteers may be exposed to a variety of dangers. These dangers include but are not limited to traversing steep inclines, traveling over slippery and uneven surfaces, fording small streams, encountering bears and other wild animals, being bitten and stung by insect, falling into ice crevasses, becoming lost or stranded, facing inclement weather, and hiking through areas of thick underbrush and fallen trees. Furthermore, volunteers could be subject to a variety of hazards inherent in traveling by skiff, kayak or floatplane.

I realize that SCS staff will inform me of a planned itinerary before any work in the backcountry, and will inform me of foreseeable hazards and the level of backcountry skill and experience that will be required to safely participate as a volunteer. Additionally, SCS staff will take extreme caution in planning and leading a trip into the backcountry to ensure it is as safe as possible for volunteers and paid staff. However, I recognize that any backcountry travel involves the potential for unavoidable hazards. With these hazards in mind, I am willingly offering my time and expertise as a volunteer and do so after careful consideration of my own physical health, abilities and mental condition.

ALCOHOL AND DRUG POLICY

SCS is committed to protecting the safety, health, and well being of **all** volunteers and staff. SCS recognizes that alcohol abuse and drug use pose a significant threat to its goals. As a volunteer, I recognize that excessive alcohol intake can pose an extreme danger to myself and others. SCS will **not** tolerate excessive alcohol intake nor any form of illegal drug use by volunteers. In signing below, I promise that I will not abuse drugs or alcohol while in my capacity as a volunteer.

AUTHORIZATION OF MEDICAL CARE

In the event that I require medical attention while volunteering for SCS, I hereby grant permission to SCS staff and its representative to render first aid and to seek emergency medical and rescue services for me. I hereby acknowledge that no guarantees have been made to me as to the effect of such procedures or treatment. I acknowledge that I am responsible for all expenses in connection with care and treatment rendered during this period.

INSURANCE

I have adequate insurance to cover any injury or damage I may cause or suffer while volunteering for SCS. To the extent insurance is not available; I agree to bear the costs of such injury or damage to myself. I agree to assume the risk of any medical or physical condition that I may have.

WAIVER OF LEGAL CLAIMS

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in volunteering in the field with SCS. The dangers are beyond the control of SCS staff and that participation by me as a volunteer may entail unavoidable risk of personal injury, death and loss of or damage to property.

I hereby assume all risks of injury and death to myself and loss of or damage to property arising out of my participation as an SCS volunteer. I agree to indemnify, waive, release, hold harmless and forever discharge SCS, its employees, board members, agents, directors, and contractors from all claims arising from any occurrence caused by negligence, breach of contract or otherwise, for bodily injury, death, damage to or theft of personal property of me or to any party participating in said event or any third parties injured as a result of me. I further agree to repair or reimburse SCS for any and all damages that I negligently or intentionally cause to SCS property.

PHOTO, AUDIO-VISUAL RECORDING RELEASE

I hereby grant SCS the right and permission to use, reuse, and/or publish photographic and/or video materials taken of me while volunteering for SCS. I understand that these photographs and audio/videotapes are used in educational settings, to promote and advertise programs and/or in professional publications. I further understand that these materials can be used without limitation, reservation, or compensation. I waive any right to inspect and/or approve the photograph and/or audio-videotape. I further understand that my name and other identifying features will be kept confidential. This consent is given for any photographs and/or audio-videotapes which have been taken, are about to be taken, or will be taken.

____ No, I do not wish to grant a photo release. *(Please consider granting this release to us, as our ability to successfully share our programs with new participants depends on having representative visual aids.)*

I have carefully read this agreement and understand the terms and conditions. I am aware that this agreement includes a release of liability, and is a binding contract between SCS and myself, and it likewise shall be binding on my heirs, executors, administrators and assignees.

Signature
of Volunteer: _____

Name Printed: _____

Dated: _____

