



Native Landscaping, LLC

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LIABILITY WAIVER

Fill in the following blanks (please print).

VOLUNTEER'S NAME	ADDRESS	PHONE(S)

WARNING

Any activity involving prescribed fire operations creates the possibility of serious injury, including permanent paralysis and even death from strenuous activity associated with the controlling of and close contact with fire.

You assume a risk of serious injury by participating in any activity that involves prescribed or controlled fire operations.

In consideration of being permitted to participate in the Native Landscaping Services prescribed fire operations for recreational/educational/philanthropic benefits to myself or others, having been forewarned of the danger to myself, I hereby waive and release any and all claims for damages I may have against Native Landscaping Services, the individual members thereof, and all the owners, agents, and employees, free and harmless from any loss, damage, liability injury, negligence, cost of expense that may be suffered by me while participating with or practicing for the activities of the prescribed or controlled fire operations.

I understand that volunteers are NOT COVERED by any insurance held by Native Landscaping Services. I agree to be completely financially responsible for all medical expenses arising out of my volunteering in burn operations offered by Native Landscaping Services. As a consideration of my volunteering, I agree to carry adequate medical insurance.

Minors (persons 18 years or younger) must be accompanied, at all times, by a parent or guardian. We take absolutely no responsibility for any injuries and/or damage that might occur due to the presence or actions of a minor at or near a prescribed fire.

AGREEMENT

I give my consent to be photographed for use by Native Landscaping Services in newspapers or other media. Please circle "Yes" or "No": Yes or No

I give my consent in emergency situations for the person(s) in authority to seek the nearest medical care.

I understand that Native Landscaping Services is not responsible for my actions before or after a prescribed fire. I have received the Native Landscaping Services Safety and Communications briefing and agree to follow the general rules laid out therein.

I agree to abide by all rules, regulations, and conditions, both oral and written, provided to me by Native Landscaping Services for the purpose of conducting a safe and successful prescribed burn.

Be Advised:

- 1. Please leave the controlled burn operation area promptly upon concluding volunteer participation.**
- 2. Please notify us: (1) when you plan to leave, (2) when you have finished volunteering, and (3) before you depart.**
- 3. You will be asked to leave the burn if you do not abide by all rules, regulations, and conditions, both oral and written, as prescribed by Native Landscaping Services.**
- 4. You must provide two emergency contacts and phone numbers (below).**

I HAVE READ THE WARNINGS AND AGREEMENTS POLICIES, I UNDERSTAND THAT THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE OF LIABILITY ARE LEGALLY BINDING AND AGREE TO ABIDE BY THEM.

DATE

VOLUNTEER'S SIGNATURE

EMERGENCY CONTACT & ADD'L INFORMATION

Fill in the following blanks (please print).

Emergency Contact #1

PHONE(S)

Emergency Contact #2

PHONE(S)

Additional Information (please print).

How did you hear about us (circle)?

e-mail friend website other

Other _____

Recommend a friend or two:

Name _____

Number _____

Name _____

Number _____

Suggestions?

