CERRO GORDO COUNTY CONSERVATION

3501 Lime Creek Road Mason City, Iowa 50401 (641) 423-5309

Board Members: Shannon Anderson, Jacquelyn Arthur, Stephen Gales, Dudley Humphrey, Jim Roseland
Director – Josh Brandt

ACKNOWLEDGEMENT OF RISK & RELEASE OF CLAIMS BY LIME CREEK NATURE CENTER VOLUNTEERS

Please read this form carefully and be aware that as a volunteer at the Lime Creek Nature Center you will be **waiving and releasing all claims** for injuries you might sustain arising out of your service as a volunteer.

NAME (please print): _____
(Last) (First)

STREET ADDRESS: _____

CITY, STATE, & ZIP: _____

HOME PHONE NO.: (_____)_____ CELL PHONE NO.:(____)_____

EMAIL ADDRESS: _____ DOB: _____

I recognize and acknowledge that there are certain risks of physical injury occurring during my volunteer work at the Lime Creek Nature Center and I agree to assume the full risk of any such injuries, damage or loss regardless of severity which I may sustain as a result of my participation in any activities connected or associated with my work as a volunteer at the Lime Creek Nature Center.

I waive and relinquish all claims I may have against the Cerro Gordo County Conservation Board and Cerro Gordo County, and its officers, agents, servants, and employees as a result of my work as a volunteer at the Lime Creek Nature Center.

I hereby fully release and discharge the Cerro Gordo County Conservation Board and Cerro Gordo County, and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which I may have or which I may accrue to me as a volunteer. I further agree to indemnify and hold harmless the Cerro Gordo County Conservation Board and Cerro Gordo County, and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with my activities as a volunteer at the Lime Creek Nature Center.

I have read and fully understand the above program details and waiver and release of all claims.

_____ _____
Signature of Volunteer Date