



BCCDKY

Boone County Conservation
District, Kentucky

Volunteer Release of Liability

Event: Junior Board

Date: September 2024 – June 2025

PLEASE PRINT:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

EMERGENCY CONTACT: _____ Relationship _____

Phone: _____

Affiliation: _____

PLEASE READ BEFORE SIGNING:

Upon my signing of this release, I hereby volunteer to be a participant with Boone County Conservation District activities for the event and date stated above. I acknowledge that participation in this event involves a risk of physical injury to any individual undertaking such activities. I hereby expressly assume such risk and hereby agree to hold harmless, release, waive and discharge Boone County Conservation District, its sponsors, agents, representatives, partners, or officials from any and all claims, losses, liabilities, damages or expenses I might have as a result of physical injury incurred by my participation in said activities. I agree to abide by all rules and regulations set forth by the leaders of the event and agree to use the equipment in a safe manner and exercise due caution to prevent injury and accident to myself or others during the event.

The Boone County Conservation District will not share your information with any outside parties. If you wish to be added to our contact list to receive future information from the Conservation District, please check here: _____

This agreement shall be effective and binding upon the parties heretofore for the date indicated.

I have read this agreement and I fully understand its terms, conditions and meaning as the language is clear and unambiguously expresses the intent of the parties.

Signature: _____ Date: _____

Signature of parent/guardian if under 18 years old: _____

I hereby give permission for Boone County Conservation District to take photos and use them in their publications and communications

Initials: _____