

NBNC Adult Program Release and Assumption of Risk

Program Name: _____ (BioU, Calendar Programs, VT Master Naturalist, etc.)

This Release and Assumption of Risk is a condition of participation in the above listed program. *Unless otherwise noted, references to "NBNC" include the North Branch Nature Center, its employees, agents and trustees.*

NBNC does not assume responsibility, directly or indirectly, for any loss, damage, illness, or injury to property or person in connection with any NBNC program. Each participant agrees not to hold NBNC, its employees, agents and representatives liable, in the absence of their own gross negligence, for any loss, injury, illness, expense, or damage that results directly or indirectly from any act or omission to any person or firm that provides goods or services in connection with this program.

In consideration of, and as part payment for the right to participate in this program and associated activities, arranged by North Branch Nature Center and its agents and associates, I, _____ (name of participant), have and do hereby assume all of the above risks and conditions, and will hold North Branch Nature Center and its agents and associates harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, including attorney's fees and NBNC's costs of defense in connection with the loss of life, personal or bodily injury or illness and/or damage to or loss of property that arises from the participation in or in connection with this program or participation in its activities arranged by North Branch Nature Center and its agents or associates. The terms hereof shall serve as a release and assumption of risk for myself and my, executors, and administrators.

Coronavirus / COVID-19 Warning & Disclaimer:

NBNC has developed policies and procedures for camp operations based on state and CDC guidelines. However, COVID-19 is caused by a contagious virus that spreads through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in programs or accessing NBNC facilities could increase the risk of contracting COVID-19. NBNC in no way warrants that COVID-19 infection will not occur through participation in programs or accessing NBNC facilities.

I agree to follow the following procedures established by NBNC. Please initial below:

___ I will alert NBNC if I, or anyone in my household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of or during the program session.

___ I will alert NBNC if anyone in contact with the participant is diagnosed with or has recently exhibited symptoms of COVID-19.

___ I understand that the program may need to terminate on short notice due to government order, participant or staff illness, or other emergency.

___ I will take my temperature each morning prior to arrival at the program, and alert staff if I have a fever (temperature of 100.4° or higher).

___ I understand if I have taken any fever-reducing medications such acetaminophen or ibuprofen in the past 24 hours **I may not attend this program.**

Printed Name of Participant _____

Signature of Participant _____

Date _____