

**VOLUNTEER ADULT  
WAIVER RELEASE**

Volunteer Assignment/Event: \_\_\_\_\_

I understand that there are risks of injury or death or damage to property involved in my participation as a volunteer, that it is my responsibility to ensure the safety of any equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this volunteer assignment. I waive and release the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for injury or death or damage to property that may occur as a result of or in connection with this agreement, and I agree to pay, protect, indemnify, and save the Department and its staff and representatives harmless from and against all liabilities, demands, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever arising from, by reason of, or in connection with injury or death of persons or damage to property arising from, by reason of, or in connection with my participation as a volunteer.

I grant the Georgia Department of Wildlife all rights to use my photograph in perpetuity for any and all marketing and public information campaigns engaged in by the department, and any and all publications, videos, Web sites or other printed or electronic materials produced by the department or its agents for the department's use and benefit. I understand that photos donated to the Georgia Department of Wildlife fall under the ownership of the Public Domain. I understand that, by granting the department these rights, I waive any claim or action of any nature arising as a result of, or in connection with, the photographic session and/or use of my photographic image.

I further warrant that my health and physical condition are sufficiently good to allow me to perform this assignment without danger to myself or to others.

Full Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I have read this entire form, including the health acceptance of risk, photo release, waiver release, and indemnification provisions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_