Liability Waiver

Team Name: _____

Covenant not to sue or make claim, indemnification contract and release from liability. All individuals participating in or accompanying a Youth Birding Competition team must complete this form.

Mentor: _____

| Name: | Parent: | |
|---|--|--|
| Address: | _ City: | State/Zip: |
| E-mail: | _ Phone: | |
| | | nt of Natural Resources in consideration for etition on April 4-12, 2025. I agree to abide by |
| and inattention to driving and personal safet the State of Georgia, the Georgia Departmen volunteers, and sponsors, or the landowners | ty. Accordingly, nt of Natural Res s upon whose lan | harm due to, among other factors, local hazards I covenant not to sue or make any claim against sources, its officers, employees, agents, nd I or my child may enter for death, personal ther loss or damage whatsoever suffered by me |
| of Natural Resources and its officers, employ | yees, agents, vo e lands I or my c ngful death or ph | |
| | nm/is in good he | participants to be in good health and I certify that ealth and have/has no physical limitations which : |
| - · · · · · · · · · · · · · · · · · · · | m against the Ge | ree that the decision of the judges in all rulings is eorgia Department of Natural Resources, its sion. |
| Signature of Participant | Date | |
| Signature of parent or guardian if under 18. | Date | |
| Instructions: This form must be completed any | d signed by all no | rticinants or quardians, including drivers, and he on |

Instructions: This form must be completed and signed by all participants or guardians, including drivers, and be on file with event officials by **April 4**. Return to Tim Keyes. Georgia DNR, One Conservation Way, Brunswick GA 31520, fax to (912) 262-3142 or email to tim.keyes@dnr.ga.gov.

Photo, Video and Audio Consent Form

My Contact Information:

The Department of Natural Resources request the right to use all photos, videos, and/or audio clips taken of program participants, programs, and activities. These may be used for promotional brochures, promotions or showcase of programs on our web sites, showcase of activities in local newspapers, and other not-for-profit purposes.

By signing this form, I consent to allow the Department of Natural Resources to use photos, videos and/or audio clips they have of me participating in the Youth Birding Competition.

By signing this form, I confirm that I understand and agree to the above request and conditions. I agree to give up my rights with regards to photos, videos, and/or audio clips of me. I sign this form freely and without inducement.

| - | | | |
|--------------------------------|----------------|-------|----------|
| Name (print): | | | |
| County: | | | |
| Address: | | | |
| Street | City | State | Zip Code |
| Phone: | Email Address: | | |
| Signatures: | | | |
| Signature: | | Date: | |
| Parent/Guardian's Signature: _ | | Date: | |
| (if under 18) | | | |

Return completed form to Tim Keyes, Georgia DNR, One Conservation Way, Brunswick GA 31520, fax to (912) 262-3142 or email to tim.keyes@dnr.ga.gov by April 4, 2025.