

Waiver of Liability / Photo Waiver
Native Plant Salvage Foundation & WSU Native Plant Salvage Project

In consideration of voluntary participation in projects including native-plant nursery work, native-plant salvages, revegetation projects, plant-identification workshops, trail maintenance, garden installations, Green Stormwater projects, plant sales, and other activities led by the Native Plant Salvage Foundation and Native Plant Salvage Project/Water Resources Program at WSU Thurston County Extension (“WSU”) and/or the Native Plant Salvage Foundation (“NPSF”), I, _____, hereby waive and hold harmless Washington State University, the Native Plant Salvage Foundation, Washington State Department of Natural Resources, AmeriCorps and Washington Service Corps, Thurston County, the regional Stream Team program, and the employees, agents, contractors, and volunteer workers of parties above; private landowners, developers or their representatives, and other partners of Washington State University, Native Plant Salvage Foundation, for personal injury, material loss, or damage suffered in connection or arising out of participation in said activities. This agreement is binding on my heirs, executors, assignees, and personal representatives.

I understand that any knowledge regarding plants, fungi, or other elements of the natural world is provided solely for my inherent enjoyment and not as any recommendation for the use or edibility of any plant or organism, and thus the parties noted above will not be responsible for any choices I make regarding the use of organisms I find in nature. Further, I will be volunteering with no expectation of compensation for my time, travel expenses, and any other expenses incurred as a result of collaboration with these projects/events.

Covid-19 Safety and Risk: I recognize that any involvement with other persons is a potential risk for contracting Covid-19. I understand that my participation is contingent on my health, and have **read and will comply with the current NPSF Covid-safe Protocols.** **Initials** _____

PLEASE PRINT

Date _____	Telephone Number (____) _____
Participant Names _____	
Street _____	
City / State _____	Zip _____
Signature of Participant _____	
Signature of Parent / Guardian _____	
(Required for participants under 18 years of age.)	

Furthermore, I give or withhold my permission to be **photographed** and to have my child or children herein named to be photographed with the understanding that the pictures may be used for WSU Extension or Stream Team publications, educational slideshows, and related publicity. I understand that neither the child nor I shall receive any compensation for use of our photographs.

If you **DO** give permission to have you or your child photographed as described above, initial here. **Initials** _____

If you **DO NOT** give permission to have you or your child photographed for the uses described above, initial here **Initials** _____