



2026 Audubon Society of the Capital Region Waiver

Child Assumption of Risk and Waiver of Liability Form

I, the undersigned, hereby acknowledge that myself and my child/children will be participating in events organized by Audubon Society of the Capital Region. In consideration for my and my child'/children's participation in this event, I agree to the following terms:

1. **Assumption of Risks:** I understand that birdwatching involves certain inherent risks, including but not limited to, trips, slips, falls, encounters with wildlife, and exposure to varying weather conditions. I am aware that there may be uneven terrain and natural obstacles during these birdwatching events.
2. **Health and Medical Conditions:** I affirm that all named below are physically able to participate in these birdwatching events and do not have any medical conditions or disabilities that might affect their safety during the events. In case of any changes to their health status, I will inform the event organizers promptly.
3. **Supervision:** I understand that children 13 and over may attend without a guardian. They will be under the supervision of Audubon Society of the Capital Region contracted guides and/or volunteers during the birdwatching event. I agree to inform the organizers of any concerns or special instructions regarding their participation.
4. **Photography and Publicity:** I grant permission for my and my child/childrens' likeness to be used for promotional and publicity purposes by Audubon Society of the Capital Region. This may include, but is not limited to, photographs and videos for use on the organization's website, social media, and promotional materials. Audubon Society of the Capital Region will make every effort to have children's faces blocked by binoculars or angles.
5. **Waiver of Liability:** In consideration of my and my child/children being permitted to participate in the birdwatching events, I, on behalf of myself, my child/children, and our heirs, executors, administrators, and assigns, hereby release and discharge Audubon Society of the Capital Region, its officers, directors, contractors, and volunteers from any and all claims, liabilities, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child/children during the event.
6. **Emergency Medical Treatment:** In the event of an emergency, I authorize Audubon Society of

the Capital Region and its representatives to secure medical treatment. I understand that every effort will be made to contact me in case of a medical emergency if I am not present.

I have read this waiver and fully understand its terms. I acknowledge that I am signing this waiver freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Clicking “Accept Liability Waiver” stands as my signature and acceptance.

Name

First Name (required)

Last Name (required)

Email (required)

☐ Sign up for news and updates

Phone (required)

Full Name(s) of Birder(s) under age 18 (required)

Pictures of my Birder(s) can use used

☐ On private, members-only Facebook page

☐ On Audubon Society of the Capital Region website - we will ask if birder's face is visible

☐ Never

Message