



Native Plant Society of Oregon Waiver of Liability and Indemnification Agreement

***** PLEASE READ ALL OF THIS FORM. IT IS IMPORTANT! *****

Thank you very much for coming on an NPSO field trip! The following agreement is necessary for the well-being of NPSO and all field trip participants. We appreciate your understanding.

1. **I understand that I am solely responsible for my own safety at all times.** I acknowledge that **my participation** in any Native Plant Society of Oregon (NPSO) field trip **is purely voluntary**, and I understand that **some parts of the field trips may be hazardous** and may result in the damage or loss of my property or in my injury.
2. **I agree to take full responsibility for my own medical needs.** I am aware that trips require physical outdoor activity and have certain risks inherent with exposure to nature and natural processes. I certify that I have no health or physical problems which would interfere with my participation.
3. **I understand that horseplay, roughhousing, shoving, contact sports, or other such activities are not appropriate and not allowed on NPSO trips.**
4. **I agree to stay with the group.** If I need to vary for any reason, I will do so only with the permission of the leader.
5. **I understand that transportation to the beginning of the trailhead or field site is not part of any NPSO-sponsored activity.** Although NPSO suggests carpooling to save gas and reduce pollution, I agree that if I carpool, it is an independent activity organized by myself and other individuals on our own initiative and at our own risk.
6. **I hereby agree for myself and for my heirs, representatives, agents and assigns, that I will not hold the NPSO liable.** I will waive and release any claims, demands or actions against them, for any damages to or loss of my property, or for my illness, injury or death, which results from or arises in connection with any NPSO field trip other than that which results from gross negligence.
7. **The persons and organizations covered by this agreement are:**
 - **NPSO**, its officers or members, and
 - **Any other participant(s)** in field trips including any people invited by any NPSO member(s), and
 - **Any of the agents or employees of the above** persons and organization.
8. **In addition, I agree to indemnify the above people for any claims made against them** on my behalf or otherwise, as a result of any damage to or loss of my property, or as a result of my injury or death, resulting from or arising in connection with the NPSO field trips, other than that which occurs as a result of the gross negligence of that person(s).

I HAVE READ THIS ENTIRE FORM, AND AGREE:

Signed: _____ Printed Name: _____ Date: _____

Signed: _____ Printed Name: _____ Date: _____

Signed: _____ Printed Name: _____ Date: _____

Signed: _____ Printed Name: _____ Date: _____

Signed: _____ Printed Name: _____ Date: _____

To be retained for 5 years by NPSO Chapter Secretary.