



# Earth Day Invasive Plant Pull

## Volunteer Registration Form

Release/indemnification and covenant not to sue

Lost River Cave & Valley



Invasive Plant  
Education & Removal Program

Please complete the form below and return to our office by 5:00PM (CT) Thursday, April 21, 2011.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

T-Shirt Size (Adult): \_\_\_\_\_

I confirm that I am physically and mentally capable of participating in this volunteer activity at Lost River Cave and Valley.

I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY FOREVER RELEASE AND DISCHARGE Friends of the Lost River, Inc. and Western Kentucky University, their officers, employees, principals, directors, agents and volunteers from any cause of action, claim or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against Friends of the Lost River, Inc. or Western Kentucky University on any account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my voluntary participation, whether supervised or unsupervised. Accordingly, I agree and covenant not to sue or make any claim against Friends of the Lost River, Inc. or Western Kentucky University, their officers, employees, principals, directors, agents and volunteers for any thing in any way related to my volunteer work at Lost River Cave.

I, THE UNDERSIGNED ON BEHALF OF MY CHILD, HAVE READ AND VOLUNTARILY SIGN THIS RELEASE, WAIVER OF LIABILITY AND IDEMNITY AGREEMENT, AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### IF THE UNDERSIGNED IS UNDER 18 YEARS OF AGE:

I give my permission for my child to volunteer on the property of Lost River Cave and I confirm that my child is physically and mentally capable of participating in this volunteer activity at Lost River Cave and Valley.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

### Deliver or Mail to:

Lost River Cave & Valley  
2818 Nashville Rd. Bowling Green, KY 42103