

RELEASE FROM LIABILITY and ASSUMPTION OF RISK

On behalf of myself, children and others I am responsible for, I release the Native Plant Society of New Mexico, its chapters, officers, directors, volunteers and agents (collectively "NPSNM") from all liability for anything that happens to me (us) while participating in, traveling to, or returning from any activity of NPSNM. I realize that we may be injured in many ways that include, but are not limited to, automobile accidents, falling, hiking injuries, exposure to toxic plants, sun and weather conditions, or exposure to infectious diseases including, but not limited to COVID-19. I assume the risk of injury, illness and death and take full responsibility for such due to my/our willing participation. I agree to hold NPSNM harmless for any injuries or illness even in the event of NPSNM negligence. I further agree that this Release from Liability and Assumption of Risk is binding on anyone acting in my interest, including my heirs and estate. This Release shall not relieve any insurance company from any liability it would have in the absence of this Release. An electronic or photocopy of this release shall be valid and binding.

If I volunteer to drive in a carpool on NPSNM activities, I agree to abide by all driving laws and assert that I and my vehicle are in full compliance with all vehicle laws including financial responsibility. Whether I am a carpool driver or passenger, I agree not to sue NPSNM and release NPSNM from all liability incident to carpooling. On all NPSNM activities, I and those I am responsible for will conduct ourselves in a friendly and civil manner. We will adhere to relevant laws and regulations and to NPSNM Rules on the NPSNM website ([www.npsnm.org/about/chapters/statewide-organization/](http://www.npsnm.org/about/chapters/statewide-organization/)) under "Rules for Trips & Activities" and to the guidance and directions of field trip leaders and NPSNM agents. I understand that on NPSNM activities there may not be rescue or medical facilities or expertise available to deal with injuries I incur.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

Print name \_\_\_\_\_

Email address \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Print address \_\_\_\_\_