



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Bureau of Conservation
Davy Crockett Tower
500 James Robertson Parkway., 8th Floor
Nashville, TN 37243



ADULT RELEASE OF LIABILITY

Volunteer Name: _____

Address: _____

Email: _____

Phone: _____

Volunteer Activity: _____

Date of Activity: _____

Site/Park Name: _____

Emergency Contact Name & Phone: _____

In return for permission to act as a volunteer for, or to participate in activities (the "Activities") conducted by the State of Tennessee (State) Department of Environment and Conservation (TDEC) (collectively the "State"), its employees, agents, partners and co-sponsors, I agree to the following:

VOLUNTEER RELATIONSHIP

If I am volunteering, I understand I am not a contractor, employee, or agent of the State. I am volunteering with TDEC to work on the Activities. I understand I am not entitled to receive any salary or State employee benefits such as insurance, workers' compensation, or paid leave. I understand that TDEC staff will plan, coordinate, and manage the Activities. I agree to adhere to all safety instructions and recommendations given by TDEC staff.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that I am voluntarily participating in the Activities and accept the risks associated with the Activities. The Activities involve risks that could result in injury, death, illness, or property damage to me or others. Injuries may result from accident, malfunction, misuse, or mishandling of tools or equipment.

The Activities may occur in settings such as high bluffs, steep hills, ridges, logging roads, ditches, and along streams, lakes, and rivers. Risks include: slips, falls, drowning, sunburn, dehydration, heat exhaustion, heat stroke, hyperthermia, frostbite, hypothermia, and injury from plants or animals. Accidents may occur during travel in vehicles to and from Activities sites. Some of these risks apply even if the Activities take place primarily indoors. I understand this is not a complete list of risks. I understand these risks may result in claims against me by others.

RELEASE

For myself and anyone acting on my behalf, I voluntarily release the State from all liability and claims related to my participation in the Activities, including any injury, death, illness or disease, or damage to myself or my property. I recognize that if I am hurt or my property is damaged, I will have no right to make a claim against the State, even if I think the State negligently caused me harm. I agree, for myself and anyone acting on my behalf, to hold harmless and indemnify the State for any claims or expenses, including attorney's fees, related to my participation in the Activities. I agree, for myself and anyone acting on my behalf, not to assert against the State any claim I may have related to any injury to minors for whom I have legal responsibility, arising from those minors' participation in the Activities.



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PHOTOGRAPHIC RELEASE

I grant the State permission, to capture and use my likeness or image arising from the Activities in any of its publications, whether in print, electronic, or video format, in perpetuity.

MEDICAL TREATMENT

I give the State permission to obtain or provide medical treatment for me, if necessary. I accept financial responsibility for this medical treatment. I also agree not to bring against the State any claim which arises from any medical services given to me during the Activities.

INTERPRETATION OF AGREEMENT

I agree that this release is intended to be as broad and inclusive as the law permits and will be governed by Tennessee law. I agree that if any part of this release is deemed invalid, the remaining provisions will not be affected.

My signature below indicates that I have read the entire document and understand it completely and I agree to be bound by it.

Signature of Volunteer

Date

Staff should return this form to Central Office via email at tsp.volreg@tn.gov