

**Liability Waiver, Assumption of Risk, Insurance Statement and
Consent to Treatment for Field Trip Participants**

Site Location: Latta Nature Preserve, 5226 Sample Rd_____

Field Trip Organizer: The North Carolina Native Plant Society, Inc.

Trip Dates: September 23 and 24, 2022

I acknowledge that I am participating in this Field Trip voluntarily and I understand the potential hazards inherent in walking over unimproved or difficult terrain:

I assume all risks inherent in this activity. I engage in this activity at my own risk and agree to release, indemnify and hold harmless the North Carolina Plant Society, its officers, directors, and others participating in or coordinating this Field Trip. My agreement to assume all risks and to indemnify is given in exchange for the opportunity to participate.

I am over the age of 18 or have provided parental/guardian consent. I represent that I am physically able, with or without accommodation, to participate in this Field Trip. If I require emergency medical treatment as a result of an accident, illness or injury arising during this Field Trip, I consent to such treatment. I acknowledge that there is no health and accident insurance for hike participants, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I agree to notify the Hike Leader in writing if I have a medical condition or allergy about which emergency medical personnel should be informed.

I warrant that I have read this Release before signing and that I fully understand its contents.