CHESAPEAKE BAY FOUNDATION
Saving a National Treasure

(For office use only)
Type of Event: _____
Event Name: _____
Vol. Hours/Participant: _____
Interest Area (i.e. Oysters, Restoration):
_____

Chesapeake Bay Foundation
EPR Volunteer
Sign-In Sheet & Health Form

(Please PRINT)

Event: _____ Date of event: _____

Your name: _____ Date of birth:_____ Sex: M F

Participating Spouse's name: _____ Date of birth:_____ Sex: M F

Family or other participants:
Name: _____ Date of birth: _____ Name: _____ Date of birth: _____
Name: _____ Date of birth: _____ Name: _____ Date of birth: _____

Address (street address, city, state, zip code):
_____

Phone (best phone # to reach the day of the event):_____
Email: | | | | | | | | | | | | | | | | | | | | | | | | |

In case of emergency, notify:
Name: _____
Phone (best reached at):_____
Address (City, State, Zip):_____
(☐ Check here if same address as above)

Health concerns:
Please list any allergies, health problems, or special needs pertaining to the participant, such as asthma, diabetes, allergy to bee stings, etc: _____

Where did you hear about this event?
☐ CBF email ☐CBF mailing ☐CBF website/calendar ☐A friend/family member
☐Newspaper (name)_____ ☐Other

All CBF event participants please read and sign the following:

All of the above information is to the best of my knowledge, correct. I understand that participation in the Chesapeake Bay Foundation (CBF) activities is entirely voluntary. I understand that the CBF event may involve "hands on" activities such as planting trees, using equipment, or wading in shallow water; and I understand the risks and dangers involved in the above-named activities. I know and understand that unanticipated dangers might arise. I hereby release CBF from any responsibility for injury which might occur as a result of participation in CBF activities. I give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me/my child, and also permit such treatment procedures to be carried out at and by the local hospital(s) for me/ my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company. **I hereby grant the Chesapeake Bay Foundation the unconditional right to use my /my child's name, voice, and photographic likeness of me /my child in connection with any of their audio video production, articles, website materials or press releases, but not as an endorsement. If not, check here ☐**

By filling out the information above, I confirm I want to continue to help protect and restore the Chesapeake Bay. Please sign me up to receive Bay updates from the Chesapeake Bay Foundation.
Check this box to opt out of receiving Bay updates via email. ☐

For children under 18: I give permission for _____ to participate in all field activities, except as otherwise noted.

_____ _____
Signature of **participant** or parent/guardian Date