

CCWA Wildlife Viewing Permit

Newman Wetlands Center
2755 Freeman Rd
Hampton, GA 30228
770-603-5606



Hold Harmless Form

Voluntary - My participation in any guided trips is voluntary. I will select the activities in which I will participate. I will choose activities that are within my physical capacities.

Assumption of Risk - I realize that during this event, there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I might choose to (a) walk through muddy terrain, (b) view wildlife in areas where there could be wildlife such as snakes, spiders, or stinging insects, or (c) trip or fall on holes in road, trail, or dirt area around wetlands. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities or others. I could: (a) receive cuts, bites, stings, or abrasions, (b) lose personal property such as watches or jewelry, (c) suffer damage to my vehicle, or (d) suffer serious bodily injury.

Waiver - I release the organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims of any kind that relate to my participation in guided trips or while on CCWA property. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold event sponsors and organizers (Clayton County Water Authority), volunteers, and site owners (Clayton County Board of Commissioners) harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments, and costs) with respect to any injuries, death, or other damages or losses, resulting from my use of the Wildlife Viewing Permit.

Medical Treatment - If I am injured during visits or field trips to CCWA, the organizers or volunteers may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured during the program, it is my responsibility to seek appropriate medical care and to notify the organizers. I understand that this waiver will have no bearing on any workers compensation claims that I may make as a result of my participation in this event.

Pictures - I agree that any pictures or videos taken of me or my children/dependents during guided field trips can be used by the Clayton County Water Authority for future promotions in advertisements and social media.

I understand and agree with the contents of this document. I acknowledge that if I violate any of the terms stated above that I will forfeit my permit and access to CCWA properties.

Participant's Printed Name: _____

Address: _____

Email: _____ Phone: _____

Emergency Contact Name & Phone: _____

Signature: _____

Date: _____