

CAPITOL LAND TRUST EVENT/VOLUNTEER ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY

| Personal information | (Please fill out form completely) |
|------------------------|-----------------------------------|
| Print Name | Address |
| Phone | Email |
| Emergency Contact Name | Emergency Contact Phone |

ALL VOLUNTEERS MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY.

I accept and understand that there are inherent and other risks involved in performing physical activities of any nature. I certify that I am physically fit for events and volunteer opportunities which will include but not be limited to all activities from January 1 to December 31, 2025 (the “Activity”) and have not been advised by a physician to refrain from engaging in the Activity. I confirm that I have the requisite skill set to competently and safely perform the Activity. If at any time I feel that the Activity is beyond my skill set, I agree to immediately cease performing the Activity and notify Capitol Land Trust through its board of directors, officers, managers, agents, employees or volunteer project manager, of such. I accept and acknowledge the risks involved in performing the Activity and I knowingly and freely assume those risks. In consideration of the opportunities to participate in the Activity and/or serve as a volunteer for Capitol Land Trust, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim and/or sue on my behalf or on behalf of my heirs and assigns, and I expressly acknowledge that it is my intent to take these actions:

(A) I WAIVE, RELEASE, AND DISCHARGE THE FOLLOWING PERSONS OR ENTITIES: CAPITOL LAND TRUST, ITS BOARD OF DIRECTORS, OFFICERS, MANAGERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (the “CLT”) from any and all claims, allegations, losses, or liabilities for death, personal injury, partial or permanent disability, illness, lost wages, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or traveling to or from the Activity, regardless if such damages or injury is due in whole or in part to the negligence of the CLT;

(B) I WAIVE MY RIGHTS TO BRING AN ACTION AGAINST the CLT, and/or any of the persons or entities mentioned above in paragraph (A), for any of the claims, losses, or liabilities that I have waived, released, or mentioned above in paragraph (A);

(C) I AGREE TO INDEMNIFY AND HOLD HARMLESS the CLT, and/or any of the persons or entities mentioned above in paragraph (A) from any of the claims made or liabilities assessed against them as a result of my negligent actions or inactions;

(D) I GIVE PERMISSION FOR THE CLT AND/OR PERSONS ACTING ON ITS BEHALF TO TAKE PHOTOGRAPHS AND VIDEO OF MYSELF and allow the CLT to use these images as it sees fit. I release all publication rights of said photographs and video; and,

(E) I HEREBY GIVE PERMISSION TO THE CLT AND/OR ANY PERSONS ACTING ON ITS BEHALF TO AUTHORIZE MEDICAL TREATMENT for myself in the event of a medical emergency.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

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|-----------|-------|
| Signature | Date: |
|-----------|-------|