

Grant, Waiver, Assumption of Risk, and Indemnity Agreement

Grant and Waiver: In consideration of being permitted to visit or participate in any way in any activity, including transportation at the following location: **Goleta Monarch Butterfly Preserve, 7559 Palos Verdes Dr, Goleta, CA 93117.**

I, for myself, my heirs, personal representatives or assigns, do hereby

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 grant / do not grant (please in connect 			_	
ofin connect assigns and transferees to copyright, u				
NatureTrack Foundation may use such				
name and for any lawful purpose, inclu				
content; and	G.		, ,	
2. waive, release and hold harr	nless Nature Tr	ack Foundation, its	officers, employe	es, volunteers and agents
from any and all claims including the nagents.				•
Assumption of Risks: Visitation or pa	irticipation carr	ies with it certain in	herent risks that o	cannot be eliminated
regardless of the care taken to avoid ir	ijuries. The spe	cific risks vary and r	ange from 1) mind	or injuries to major injuries
both external and internal, and includi	ng death.			
I have read the previous paragraphs a	and I know, und	derstand and appred	ciate these and otl	ner risks that are inherent in
visitation and participation. I hereby as				
all such risks.				
I understand and agree that this waive	er, assumption	and indemnity agre	ement is intended	I to be as broad and inclusive
as is permitted by the law of the State	of California ar	nd that if any portion	n is held invalid, it	is agreed that the balance
shall continue in full legal force and eff	ect.			
Acknowledgment of Understanding:	have read this	document, I fully ur	derstand its term	s, and understand that I am
giving up substantial rights, including r	ny right to sue.	I am signing this do	cument freely and	l voluntarily, and intend by
my signature that this be a complete a	nd uncondition	al release of all liab	lity to the greates	t extent allowed by law.
Signature of Minor's Parent/Guardi	an			Date
Address		Zip_	Email	
Yes, I would like to stay informed of N	latureTrack events	and programs, please a	dd my email address t	o NatureTrack's email list.
Participant's Age (If Minor):	_Name of Scho	ool:		
Signature of Participant (If not mine	or)			Date
Print Parent Name:				
Participant's Name (Print)				
Address	City	Zip	Email	
NatureTrack Foundation, Inc. PO	Box 953 🔳 Lo	os Olivos, CA 93441	805.886.2047	www.naturetrack.org