

## **RELEASE OF LIABILITY AGREEMENT**

This Release of Liability Agreement is intended to be read and signed by all participants of Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy. This Release of Liability Agreement is intended to cover all educational, scientific, recreational and/or other activities engaged in on the property and premises of Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy.

In return for Pitt County, A Time for Science, and Bray Hollow, LLC allowing me/my child to participate in activities in/on their lands and facilities, I agree as follows:

1. I am competent to read and sign this "Release of Liability Agreement."
2. I understand that I/my child am/is participating in Pitt County's Contentnea Creek Environmental Education Center, A Time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy freely and voluntarily and that participation in said activities is a privilege and that this privilege is a tangible benefit to me/my child.
3. I understand and appreciate the inherent risks and dangers of such participation and that such participation could result in property damage and/or personal injury and I agree to assume all risks arising as a result of my/my child's participation in said activities.
4. I will hold harmless and indemnify Pitt County Government, A Time for Science, the Greater Greenville Community Foundation and Bray Hollow, LLC, and its officials, administrators, employees and all sponsors and individuals assisting in the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and Bray Hollow Land Conservancy for any liability and all claims of damages, demands and actions whatsoever resulting from my/my child's participation in said activities.
5. I acknowledge that I/my child am/is of such health and reasonable fitness to safely participate in these activities.
6. In the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in activities at the Contentnea Creek Environmental Education Center, the Nature and Science Learning Center, and the Bray Hollow Land Conservancy, I hereby give permission to a Physician selected by Pitt County, A Time for Science, or Bray Hollow's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child.

7. For participation in repeat activities scheduled for multiple visits to Pitt County's Contentnea Creek Environmental Education Center, A time for Science's Nature and Science Learning Center, and Bray Hollow, LLC's Land Conservancy, I authorize the continued effectiveness of this release for a period of one (1) year from the time of its execution.
8. In the case of my minor child, I agree that my signature as only one parent/legal guardian shall be construed as expressing like agreement from all parents/legal guardians.
9. **Signature Page to follow. Complete Sections 1), 2), and 3) as necessary and appropriate.**

**YOU NEED TO TURN IN ONLY THE SIGNATURE PAGE**

*Space on this page below this line left purposely blank*

**RELEASE OF LIABILITY AGREEMENT  
SIGNATURE PAGE**

**I have read and understand this "Release of Liability Agreement."**

**1) ADULT PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Participant Signature Date

**2) PARENT/GUARDIAN SIGNATURE FOR MINOR (Under 18) PARTICIPANTS**

\_\_\_\_\_  
Full Name, Minor (Printed) Full Name, Minor (Printed)

\_\_\_\_\_  
Full Name, Minor (Printed) Full Name, Minor (Printed)

\_\_\_\_\_  
Parent/Guardian Signature Date  
(Required if Participant is under eighteen (18) years old)

**3) CONTACT INFORMATION**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (H/O) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail \_\_\_\_\_