

Master Naturalist Registration Form

Name:			
Information Address:	City	State: Zin:	
Phone Number(s) Home:			
Email Address:			
Emergency Contact's Information			
Emergency Contact Name:			
Day Time Phone Number:			
Medical Information Please list any allergies or special physical n	eeds you may have:		
Payment Information The Audubon Master Naturalist course is \$2 Pascagoula River Audubon Center. Registra payment.			
Signature	Date		

****Send or deliver registration form and payment to:

Pascagoula River Audubon Center C/O Erin Parker 5107 Arthur Street Moss Point, Ms 39563

Additional information on next page

RELEASE OF LIABILITY AND USE OF IMAGE

I understand that I will be participating in Audubon's master naturalist course that will include classroom and outdoor field trip experiences. I understand there are possible dangers associated with the Program, including but not limited to, exposure to sun/heat/humidity and biting insects

I agree that I am participating at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the master naturalist course.

I hereby grant permission to Audubon to reproduce my appearance, name, likeness, voice and biographical information in connection with the Program in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

I expressly release Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by me, except by Audubon's negligence, in connection with any aspect of my participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Signature :_

Date:____

For more information, please contact: Erin Parker Programs Manager Pascagoula River Audubon Center Phone (228)475-0825 Ext. 2 Email eparker@audubon.org