

WBG VOLUNTEER TIME CARD

Name:

Date	Hours <i>*Include travel</i>	Skilled	General
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

UnionSportsmen.org

MEMBERSHIP INFORMATION

First Name:

Last Name:

Address:

City:

State: Zip: Birthdate: - -

Phone Number: Shirt Size

Email:

Union: Local #

I Hunt Fish Shoot Veteran? Yes No

Signature

I have read, understand, and agree to the Release and Indemnity Waiver.

Union Sportsmen's Alliance - Release and Indemnity Agreement

IN CONSIDERATION OF being permitted to participate in the Project, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

- Acknowledges that the individuals participation in the Project may include activities that may be hazardous to the individual and assumes the risk of injury or harm associated with such participation.
- Releases and forever discharges the Sponsor and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation in the Event, whether prior to, during or subsequent to my attendance and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
- Indemnifies and saves harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Event.
- Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees not to assume responsibility for such insurance coverage on the undersigned.
- Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.
- I authorize the Union Sportsmen's Alliance to use my photo, image, likeness and name—or that of my child, if applicable—in any promotional materials, both in print and online. I understand that no payment is due to me for such usage.

By completing and signing the **WBG TIME CARD** you are **HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.**

Mail completed form to:

Union Sportsmen's Alliance
Attn: Robert Stroede
4800 Northfield Lane
Spring Hill, TN 37174

Questions? Contact conservation@unionsportsmen.org or call Rob Stroede at 615-762-6572.