

Oxbow Meadows Environmental Learning Center

Volunteer Application

Name: _____ Birthday: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____ Email: _____

***please list legal guardian if volunteer is under 18 years of age**

Preferences in Volunteering:

Please select the volunteer position(s) you are interested in: Volunteer positions are not guaranteed.

Year-round positions:

Volunteer Work Days (Saturdays) Special Events Education

If volunteering for requirements for school/college, please provide following information:

Name of school: _____ Name of Teacher/Professor: _____

Volunteer hours needed: _____ Completion date of hours: _____

Background Information:

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

No Yes (specify): _____

List any known Allergies (insects or bees, nuts, etc) _____

Please be advised honey bees live on our grounds and we are NOT a nut-free facility

The above application has been completed voluntarily, and I certify that all statements and representations are true and correct. I understand that individual volunteers for Columbus State University Oxbow Meadows Environmental Learning Center must consent to a background check (if over age 18) and sign a liability waiver. I understand that I am not an employee and will not be paid for my services as an Oxbow Meadows volunteer. I agree to abide by all the volunteer policies and procedures of Oxbow Meadows.

Signature of Volunteer: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

(If under 18 years old)



OXBOW MEADOWS VOLUNTEER RELEASE AND WAIVER FORM

I, _____ (PRINT NAME) certify that I at least 18 years old and was born on _____, or that I am the legal guardian of _____ (PRINT NAME OF MINOR, if applicable) do hereby agree to participate in any and all programs and activities offered at the Oxbow Meadows Environmental Learning Center ("Oxbow Meadows"), unless an exception is noted below or unless I refrain from participation at Oxbow Meadows. I understand that if any costs are involved, such costs are solely to cover the cost of an instructor/guide and access to the Canopy Trail. Otherwise, Oxbow Meadows is open to the public at no charge. I understand that most of the activities take place out of doors and may involve live alligators, venomous snakes, heat, humidity, rigorous physical activity and the Canopy Trail ("Trail"). I understand that the purpose of the Trail is to provide a birds-eye view of nature and therefore has minimal construction. I understand that the Canopy Trail is a suspension walkway located high above the ground at the level of the tops of trees and is supported by one tree, one tower and one post. I understand that the Trail includes a steep incline, rope sides, has rungs instead of a flat surface and sways. I understand that I should not use the Trail if I have a fear of heights, a heart condition or any other condition that would limit rigorous outdoor activity on an unstable surface whether in cold weather, damp weather or very hot humid weather. I understand that it is dangerous for me and for other participants to climb the rope sides of the Trail or to engage in any horse play on the Trail and I will refrain from such conduct.

I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Oxbow Meadows, Columbus State University, and Columbus Water Works, their employees, Trustees, instructors, facilitators and agents, harmless for any liability arising out of my participation in any of the programs. Should Oxbow Meadows, Columbus State University, the Columbus Water Works, or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold Oxbow Meadows, Columbus State University, the Columbus Water Works, and its agencies harmless for such fees and costs.

This release includes physical injury or emotional harm caused by negligence of the employees or agents of Oxbow Meadows, Columbus State University, and Columbus Water Works. When the law allows for a defense of immunity under the Recreational Property Act, the State Tort Claims Act or any other applicable statute or law. This release does not include willful misconduct; however Oxbow Meadows, Columbus State University, the Columbus Water Works are not liable for the criminal acts of third parties. I further state that in choosing to participate and in signing this agreement, I am not under the influence of any chemical substance including alcohol.

I expressly agree to indemnify and hold CSU and the Board of Regents of the University System of Georgia harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I understand and agree that neither CSU, nor the Board of Regents for the University System of Georgia, is responsible for property that is lost, stolen, or damaged while participating in, or traveling to or from, anything related to the Event.

I expressly agree to indemnify and hold harmless CSU and the Board of Regents of the University System of Georgia from any and all claims arising out of any injury occurring while using any property procured by the Event, whether bough, leased, or rented, during the Event.

In consideration of my participation in the Event, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the CSU, the Board of Regents of the University System of Georgia, and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, while participating in anything sponsored by, or put on by the Event.

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Photo Release

Columbus State has frequent occasion to illustrate and explain its program and activities for volunteer or participant recruitment, fundraising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs and/or video of our volunteers and participants. By signing this waiver I give CSU and the Board of Regents permission to use my image in any of these materials deemed necessary for the sole purpose of marketing and promotion for the school or a future event. However, we would never intentionally offend our supporters or participants by doing these things without their understanding and consent. Should you feel uncomfortable allowing us to use your or your child’s image in our promotional material, please check the box below to opt out.

*This is completely voluntary and opting out of the Photo Release will not affect your allowance to participate in the program.

I would like to opt out of using my image or my child’s image for marketing and promotional material for CSU and/or the University System of Georgia’s Board of Regents.

I also hereby give permission to Oxbow Meadows and Columbus State University to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

**** ** I have had sufficient opportunity to read this entire ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT. I have understood the agreement as well as the fact that I am giving up substantial rights by signing it. I sign it FREELY AND VOLUNTARILY and I agree to be bound by its terms.**

Signature (18 years and over) Date

Youth Signature (legal guardian MUST sign above) Age Date

Pick-Up Authorization (required minors under age 18—may checkout self with parental permission)

Name of person(s) authorized to pick-up minors:

Full Legal Name Day phone Full Legal Name Day phone

Full Legal Name Day phone Full Legal Name Day phone

