



The Sauk Prairie Conservation Alliance
Working for a New Future for the Sauk Prairie on the Badger Lands.

Sauk Prairie Conservation Alliance Volunteers Liability Waiver

I the undersigned, being the volunteer involved in the Monarch Larva Monitoring Program (hereinafter referred to as the Program) or being the parent or legal guardian of such a volunteer in the Program, in consideration of my or another's participation in the Program, I hereby, for myself and any volunteer for whom I am a parent or legal guardian release, discharge, hold harmless, and forever acquit the Sauk Prairie Conservation Alliance, or other local sponsors, and their officers, agents, representatives and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in the Program. Further, I assume all liability of any non-participants who accompany me.

I understand that I am a volunteer for all purposes, including workers compensation, and am not an employee of the Sauk Prairie Conservation Alliance, or other local sponsors, and their officers, agents, representatives, and employees, and as such they are not responsible for injury or death of myself and any volunteer for whom I am a parent or legal guardian which may occur while acting as a volunteer.

Signature of participant

Date

Signature of parent or guardian (if participant is under 18 yrs old)

Date

Sauk Prairie Conservation Alliance Volunteers Photo Release

I agree that any photos or video taken of me while participating in a volunteer monitoring activity may be used by the Sauk Prairie Conservation Alliance or local program sponsors in brochures, presentations, news articles, websites, and other media sources.

Signature of participant

Date

Signature of parent or guardian (if participant is under 18 years of age)

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM

New SPCA Volunteer



Date Trained: _____

Location of Training: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: (____) _____

Organization(s): _____

Teacher? Check here

Coordinator? Check here

Checking out equipment?

Will you be monitoring with a partner or team? If so indicate others monitoring with you:

Name: _____

Email Address: _____

Name: _____

Email Address: _____

The Monarch Larva Monitoring Program is made possible through the Sauk Prairie Conservation Alliance. The Sauk Prairie Conservation Alliance strives to be a diverse, inclusive, and welcoming organization. Please respond below.

Race:

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or other Pacific Islander
- _____ White
- _____ Two or more races
- _____ Choose not to disclose

Gender:

- _____ Female
- _____ Male
- _____ Choose not to disclose

Age:

- _____ Adult
- _____ Youth

Ethnicity:

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino
- _____ Choose not to disclose

PLEASE COMPLETE BOTH SIDES OF THIS FORM