****

***RELEASE OF LIABILITY***

***READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS***

In exchange for participation in the volunteer/intern activity of The Ocean Isle Beach Sea Turtle Protection Organization here in referred to as OIBSTPO and/or use of the property, facilities and services of the OIBSTPO I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by supervising members of the OIBSTPO, or the employees, representatives or agents of the OIBSTPO.

2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge the OIBSTPO for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of the OIBSTPO, whether caused by the fault of myself, my family, the OIBSTPO or other third parties.

3. I agree to indemnify and defend the OIBSTPO against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of the OIBSTPO.

4. I agree to pay for all damages to the facilities or property of the OIBSTPO caused by my or my family's negligent, reckless, or willful actions.

5. Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER**

**UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY**

**SURRENDER CERTAIN LEGAL RIGHTS**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian of under age 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

In case of an emergency, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home), or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)

or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work).