



SCAN *South Carolina Association of Naturalists*

Post Office Box 24911, Columbia, South Carolina 29224

Membership Form

Dues: \$12 per calendar year

\$5 more to add each extra household member

Dues half-price if you join in July or later

Must be at least 15 years old to join SCAN

Today's Date: _____

Name(s): New Member Renewal

Mailing Address: New address (*fill below*) Same as last year

Street/PO Box: _____

Apt/Suite: _____

City: _____

State: _____ Zip Code: _____

Email Address: New email (*fill below*) Same as last year

Phone Number(s): _____

Add your contact info to the SCAN Member Directory?

Cell: _____

Email Address Phone Number

Home: _____

Name(s) Only Do not share my info

Work: _____

By adding your name to the SCAN directory, you consent to sharing your selected information with other SCAN Members.

Donations: I wish to make an additional gift to SCAN

Gift Amount: _____ Cash Check Item

Property Bequest Other: _____

SCAN is a 501(c)3 nonprofit organization [EIN: 57-0743571]. Membership dues and donations are tax deductible. Please contact SCAN for more details.

Mail form and check to:

Contact SCAN:

SCAN

scnaturalists76@gmail.com

PO Box 24911

Columbia, SC 29250-5651

Join Online:



www.scnaturalists.org

SOUTH CAROLINA ASSOCIATION OF NATURALISTS
ANNUAL FIELD TRIP/EVENT WAIVER OF LIABILITY

In consideration for receiving permission from the Association to participate in any field trip/event, I agree as follows:

1. I understand the nature of the terrain and/or waterbodies and the type of field trips/events which I will be participating in, and I am capable of safely undertaking these field trips/events.
2. I understand the dangers involved in taking these field trips/events in remote locations and agree to take all reasonable precautions to avoid injury to myself and others and damage to property in connection with my activities.
3. I am engaging in the field trips/events at my own risk, and acknowledge that the Association makes no warranties or representations, express or implied, regarding the condition or safety of the terrain or the equipment provided by the Association, for the purposes of the field trips or any other purpose.
4. On behalf of myself, my heirs, successors and assigns, I hereby forever release, indemnify and hold the Association, its officers, directors, employees and agents, harmless from and against any and all claims, liabilities, losses, damages, costs and expenses arising from or in any way related to my participation in the field trip. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.
5. I agree to go into only those areas authorized by the Association and to comply with all Association rules concerning these field trips/events.
6. I grant the Association permission to take photographs and video recordings of me and to display, publish or otherwise use any photographs, video recordings, or any other media associated with the field trip, including any media which contains my image or likeness, for the Association's purposes. I also consent to the use of my name in connection with such images. I release, indemnify and hold harmless the Association and its officers, directors, agents and employees from any and all claims which may result at any time by reason of the use of my image and name, including, without limitation, claims of privacy. My heirs, executors, administrators and assigns shall be bound by this consent and release.

By signing below, I acknowledge that I have thoroughly read and understand this form, and that the statements that I have made in it are all true and that I am at least 18 years of age, or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included below.

Participant's Signature: _____

Participant's Printed Name: _____ Date: _____

PARENTAL CONSENT FOR PARTICIPATION BY MINORS

I am the parent or legal guardian of _____, who has my permission to participate in the field trips referenced above. I make all of the representations and agree to all of the terms specified above with respect to my child's or ward's participation in these activities.

Parent/Guardian's Signature: _____

Printed Name: _____ Date: _____