

MEMBERSHIP RENEWAL FORM

SOUTHWEST LOUISIANA MASTER NATURALISTS
Website: www.swlamasternaturalists.org

Name _____ Date _____

Mailing Address _____

Telephone _____ Email _____

Emergency Contact _____

Field(s) of Expertise _____

Do you have a Facebook Account? Yes _____ No _____

Primary areas of Interest _____

Membership Dues: \$15 Valid from January to December. To maintain active membership, 20 Volunteer hours and 8 CEU's are required annually. Hours must be logged on Track-it-Forward.

SEND THIS APPLICATION AND CHECK PAYABLE TO SWLA Master Naturalists TO:

SLAMN
Clay Ardoin
227 Fallis Road
Lafayette, LA 70507

RELEASE OF RESPONSIBILITY

In signing this form for myself and/or an adult responsible for all children under the age of 18, I understand and agree to absolve, waive, release, and discharge in advance the SOUTHWEST LOUISIANA MASTER NATURALISTS, all of the officers, members, organizers, and sponsors, be they individuals or organizations, singly or collectively, of all blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of participation in any activity associated with the SOUTHWEST LOUISIANA MASTER NATURALISTS. I represent that I am in good physical and mental condition, and that I have sufficient skill and experience to safely complete any outing in which I choose to participate. I realize that there is a possibility of accidental or other physical injury and that property damage and serious injury can occur as a result of the group activities. Knowing the risks, I agree to assume the risks, agree to release, hold harmless, and to indemnify the SOUTHWEST LOUISIANA MASTER NATURALISTS, ORG., from any and all liability to the society by either myself or any third party as a result of my participation in any event involving the Southwest Louisiana Master Naturalists group.

Signature _____ Date _____

PHOTO RELEASE FORM

I hereby grant permission to *SWLA Master Naturalists* to use photographs and/or video of me taken at events in publications, news releases, online, and in other communications related to the mission of *SWLA Master Naturalists*.

Signature _____ Date _____