

Facilitators:

**Georgia Project Learning Tree
Waiver, Photo Release, Sign in**

_____ Date
_____ Location

I agree to protect, indemnify, defend, and hold harmless the Georgia Forestry Foundation, the Georgia Forestry Commission or the UGA Warnell School of Forestry and Natural Resources, their officers, directors, agents, sponsor partners, and employees from any claims against said organizations from my participation in this program. I consent that photographs taken of me, while at the workshop, may be used or reproduced by the Georgia Project Learning Tree, Georgia Forestry Foundation, Georgia Forestry Commission or UGA Warnell School of Forestry and Natural Resources. In consideration of myself, I accept participation in this program provided by the Georgia Project Learning Tree.

May we share your contact info with the other participants?

Print Name	Sign name	Company/School/Organization	Yes or No
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