

COASTAL MASTER NATURALISTS ASSOCIATION

JOIN or RENEW TODAY!



Membership in Coastal Master Naturalists is open to graduates of a South Carolina Master Naturalist class.

Membership has many benefits:

- Access to special nature trips
- Interaction with other trained naturalists
- Timely notifications of volunteer opportunities
- Advanced training opportunities and much more

INSTRUCTIONS:

1. Fill out application including release on back.
 2. Mail check along with application to address listed below.
- You may also renew on-line at: coastalmasternaturalists.org

MEMBERSHIP APPLICATION

Date _____

1. Name: _____
2. Address: _____
City _____ Zip _____
3. Email: _____
(If you have not received any news letters or events notifications since the beginning of the year we may not have your current email address.)
4. Phone - home: _____
5. Phone - mobile: _____
6. Master naturalist training class (year): _____
7. Membership type:
 1. Renewal _____
 2. Transfer _____
 3. New graduate / current trainee (year): _____
 4. New member from another S.C. MN program _____ Training Location _____
8. Annual membership fee is \$20.00
9. Comments, suggestions for field trips, etc.

10. I have the following talents or contacts that could help Coastal Master Naturalists:

Please make check payable to CMNA, and mail with application to:

COASTAL MASTER NATURALISTS ASSOCIATION

c/o Linda Rowe
314 Anadale Ct.

N. Charleston, SC 29418

Signature _____

*We have established a scholarship fund to send deserving youths through the Charleston County Park and Recreation Commission's Junior Naturalist Program. If you would like to donate to this, please note:
Jr. Master Naturalists Scholarship Donation Amount \$ _____

COASTAL MASTER NATURALISTS ASSOCIATION
GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS
ASSUMPTION OF RISKS AND HOLD HARMLESS AGREEMENT FOR THE YEAR 2020

In consideration of participation in purely voluntary field- based activities offered by the Coastal Master Naturalists Association (CMNA), a South Carolina Nonprofit Corporation, I hereby agree as follows:

I, _____ fully understand that there are potential risks and hazards associated with CMNA field trips/activities, including, but not limited to, possible injury or loss of life. These risks and hazards include, but are not limited to, elevation changes, exposure to toxic plants, venomous animals, uneven terrain, drowning, dehydration, sun exposure, or heat stroke, insect bites and stings, broken bones, muscle strains or other injuries. Despite the potential risks and hazards of these field trips/activities, I wish to proceed and freely accept and assume all risks and hazards that may arise from my participation in the field trips/activities that could result in loss, illness, personal injury, death or property damage to me or my property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I, _____ for myself and my estate, heirs, administrators, executors, and assigns, do hereby release and hold harmless, the CMNA, its Board of Directors, officers, employees, representatives, agents and volunteers, (collectively, the Releasees) from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims or causes of action that I, my estate, heirs, administrators, executors or assigns may have for any loss, illness, personal injury, death or property damage arising out of or connected with, or in any manner pertaining to field-based activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

I further agree to hold harmless the Releasees from any judgment, settlement, loss, liability, damage or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any negligent or deliberate act or omission on their part during my participation in the field activities.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

In signing this agreement, I acknowledge and represent that I have read and fully understand it. That I am giving up substantial rights. That I sign it voluntarily and for full and adequate consideration, fully intending to be bound by same. That I am at least eighteen (18) years of age and fully competent.

SIGNATURE _____

NAME(PRINTED) _____

WITNESS _____

WITNESS(PRINTED) _____

DATE _____