

**Must be completed prior to Bark-related travel or events. Please email completed forms to [forestwatch@bark-out.org](mailto:forestwatch@bark-out.org) or bring a physical copy to give to your activity leader.**

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

Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Location: \_\_\_\_\_

Return Date and Time: \_\_\_\_\_

**LIABILITY WAIVER (please initial)**

\_\_\_\_\_ I agree to not hold Bark, or Bark partners, liable for any injuries or damage incurred to me or my property while participating in a Bark field trip. I understand that there are certain dangers and risks involved with field trips to forests, including but not limited to the risk of exposure to wildlife, insects, plants, uneven terrain, and changing weather conditions.

\_\_\_\_\_ If I have an allergy, injury, or medical, physical or psychological condition that might impair my ability to participate fully in a strenuous hike, I accept full responsibility for this condition and I state that I am carrying the necessary medication for my condition. I will inform the activity leader of any medical conditions, allergies, or other relevant information that may affect my ability to participate safely BEFORE the activity date.

\_\_\_\_\_ I acknowledge that there may be dangers associated with off-trail hiking and walking in wetlands. Deep channels of cool water, thick vegetation, and mud are all real possibilities, as are insects. It is ultimately my responsibility to come prepared, but I will advocate for my needs.

**COVID POLICY**

1. At any point in the past two weeks, have you exhibited any of the following symptoms?

	Yes	No
Fever and/or Chills		
Cough and/or Sore Throat		
Shortness of Breath		

2. Has any member of your household exhibited any of the following symptoms, or have you recently come into close contact with any individual who has tested positive for COVID-19?

	Yes	No

Fever and/or Chills		
Cough and/or Sore Throat		
Shortness of Breath		
COVID-positive contact		

3. Are you currently testing positive for COVID?

If you answered yes to any question above, Bark requires you to sit out this field trip or participate only if you have tested negative for COVID-19 since symptoms began.

\_\_\_\_\_ I confirm that I have reviewed and agree to the guidelines in the "[Bark COVID-19 Field Work Safety Protocols](#)" available on the Bark website

**Photography and Likeness (Please initial):**

\_\_\_\_\_ I grant Bark the right to use photographs, videos, or other media taken during the trip or event for promotional or educational purposes, including but not limited to social media and grant applications/reports.

**EMERGENCY CONTACT**

Name:

Phone:

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**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_