

CONNECTICUT BOTANICAL SOCIETY, INC.

FIELD TRIP ROSTER

Leader: _____ Date: _____

Please mail or forward this sheet to CBS at connecticutbotanicalsociety@gmail.com

"I, the undersigned, understand and agree that my participation in this field trip is at my own risk. I agree to abide by the rules of the Connecticut Botanical Society and waive all claims against the Society, including its officers, directors, and volunteers, for any and all injuries I may sustain on this field trip, including, but not limited to, tick-borne diseases and infectious diseases such as Covid-19. I also waive such claims against the property owners on whose land we are privileged to botanize today."

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