



Texas Master Naturalist[™]

Highland Lakes Chapter

Liability Release Form

I understand that in consideration of being accepted as a participant in the Texas Master Naturalist program, I hereby release, discharge, and agree to hold harmless the Program and its sponsoring state agencies, their successors, employees, or officers for all personal injuries (including death), known and unknown damages to property caused by or arising out of activities performed under the Texas Master Naturalist Program.

Signature:

Date:

Address:

City, State, Zip:

Phone:

Email: