



Youth Volunteer Waiver

If you are under 18 you must fill out and sign both sides of this release form with your parent or guardian. **Minors without signed release forms will not be permitted to participate in any activities.**

Student Name: _____
Address: _____
City: _____ Zip Code _____
Phone#: () _____
Email: _____
Age: _____
School or Group volunteering with: _____

Youth Volunteer Agreement

I volunteer my services to this environmental restoration project with EarthCorps. These services are performed by my own free choice.

I agree to fulfill my volunteer responsibilities to the best of my ability and to abide by the safety and work standards established by EarthCorps. I understand that if I do not follow these guidelines my participation in the program may be ended.

I understand that there are some risks of physical injury involved in my volunteer assignment and I will study, understand and avoid any and all dangers. I will NOT accept any work assignment I feel I am not qualified or prepared for.

I understand that I am going to have fun, work hard, and make a difference! I am ready to learn more about the local environment and how to protect and restore these special places. I understand that pictures of me taken while learning, working, sweating, and having a blast may be used in brochures, videos, etc.

Youth Volunteer Signature _____ **Date** _____

Please have your parent/guardian fill out and sign the other side of this form and bring it to the event.

Parent/Guardian Permission

To participate in this environmental restoration project with EarthCorps your child must have your written permission. Please fill out the form below.

Waiver

I understand that adult supervisors trained in first aid and safe work procedures will accompany my child on all projects and activities. I also understand that each project or activity, as well as transportation to and from the activity, will involve the normal level of risk associated with such a project or activity and I hereby release EarthCorps, and any of their partners, officers, agents, and employees from all claims and liabilities of any nature arising out of my child/ward's participation in any aspect of the volunteer program. In the event my child/ward is photographed or videotaped while participating in an EarthCorps project, the photo or videotape may be used by EarthCorps or any of its partners or sponsoring agencies.

Medical Care Authorization

I will attest that my child/ward named below is in good health on the dates he/she is volunteering. In case of medical emergency, after every reasonable effort has been made to contact me, the family physician, or relatives or friends named below, I hereby give my permission to the physician secured by the adult in charge of the volunteer activities to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child/ward. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

Parents'/Guardians' Responsibility

I will take the responsibility to see that my child/ward is properly prepared for all activities including: having the proper clothing and equipment, and being in good health. I will inform the supervising adults of any particular physical, mental, social or other condition of my child/ward of which the supervisor should be aware.

I _____, give permission for _____
(Parent/Guardian's Name) (Youth's Name)

To participate in service learning projects with EarthCorps.

Home phone: _____ Work phone: _____

Every precaution will be taken to keep your child(ren) safe. Please list below any medical information that would be needed in case of an emergency:

Person to contact in case of an emergency: _____

Phone: _____

Date of last tetanus immunization/booster: _____

Family Physician: _____ Phone: _____

Any known allergies or physical limitations: _____

I have read, understand and agree to the above statements:

Parent/Guardian Signature _____ **Date:** _____