



EARTHCORPS YOUTH VOLUNTEER WAIVER

If you are under 18 you must fill out and sign this release form with your parent or guardian. Youth under the age of 14 must be accompanied by a parent, guardian, or responsible adult. **Minors without signed release forms will not be permitted to participate in any activities.**

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.

Youth Volunteer Signature _____ **Date** _____

Parent/Guardian Permission

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.

Youth Name: _____

Address: _____

Emergency Contact Person: _____ Phone: _____ Relationship: _____

Known allergies (bees, food, environmental), physical limitations, and/or behavioral concerns we should know about: _____

YES! The undersigned give permission for the youth participant to be photographed and/or filmed and have their image used by EarthCorps or partners organizations involved with the community project

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

Parent/Guardian Name: _____

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