

Youth Permission and Waiver Form

Field Trip/Site Location: _____ Date: _____

ALL PARTICIPANTS UNDER THE AGE OF 18 WHO ARE UNESCORTED BY AN ADULT MUST HAVE A PARENT OR GUARDIAN SIGN THIS PERMISSION AND WAIVER FORM. Escorted youth may be included by their parent, guardian or authorized adult on the adult registration and waiver form.

This is a waiver and release. Please read it carefully before signing. I am the parent or legal guardian of Participant named below and I, the undersigned, enter this Release and Waiver of liability and Assumption of Risk Agreement ("Agreement") on behalf of myself, the Participant, my personal representatives, next of kin, heirs, successors, and assigns and anyone else who may make any claim for or on behalf of the Participant.

- I will **cause the Participant to agree and comply** with the terms of the Agreement and not to take any actions that would assist or cause the Participant to invalidate, renounce, negate, revoke, or disclaim any part of the Agreement.
- I make this Agreement for the benefit of partner organizations, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and all private and public land owners on whose property the project described above may be located (collectively the "Released Parties), including, without limitation, the Released Parties' employees, agents, personal representatives, next of kin, heirs, successors and assigns.
- I make this Agreement in consideration of the Released Parties providing Participant with the opportunity to **participate as a volunteer** in this project.
- I understand that the Project may include **dangerous or hazardous** activities and that the Project may take place on a location or under conditions that may be dangerous to Participant.
- Participant and I **accept full personal responsibility** for all risks arising from or relating to this Project.
- Participant's involvement in this Project is **completely voluntary** and neither participant nor I have received nor expect to receive any compensation for participation in it.
- Participant will read, listen to and follow all **safety instructions and procedures** presented in conjunction with this Project and **use best judgment** based upon physical and mental abilities at all times, and to immediately terminate participation in this Project if activities become too strenuous, difficult or hazardous.
- I agree to **waive all liability** of the Released Parties, **discharge them, and covenant not to sue them** for any liability, claims, sums, costs, or other expenses on my account that may be caused in whole or in part by Participant's involvement in the Project.
- I agree that this Agreement shall act as a **complete bar against all actions or claims** that I might otherwise bring against the Released Parties, including negligence claims, arising from or related to this project.
- I have read this Agreement, fully understand its terms, understand that I have **given up substantial rights** by signing it, and have **signed it freely** and without any inducement or assurance of any nature. I intend this Agreement to be a **complete and unconditional release of all liability** to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect.
- I understand that a photographer may be present to photograph the activities at the Project and that Participant may be photographed while participating in the Project. I agree that Participant will contact the photographer if he or she does not wish to be photographed.
- I hereby grant the irrevocable and unrestricted right to **use and publish photographs of Participant**, or in which Participant may be included. I hereby release Photographer and his/her legal representatives and assigns and partner organizations from all claims and liability relating to any such photographs.

Thank you for filling out the form below and signing to give permission for your student to participate in field work. Please print clearly. We would never sell or trade your information.

Name of Participant											
Name of Parent/Guardian											
Relationship to Participant							Phone	-	-	<input type="checkbox"/> Home <input type="checkbox"/> Business	
Address											
City							State	Zip			
Age of Participant											
Signature of Parent or Guardian: _____							Date: _____				

Are you able to chaperone? YES No Maybe

If so, please indicate your preferred method(s) of contact.

<input type="checkbox"/> Email, using address below (please write your email address in the boxes below)	<input type="checkbox"/> Mail, using address above	<input type="checkbox"/> Phone:
		<input type="checkbox"/> Home <input type="checkbox"/> Business