



Swan Lake Christmas Hill Nature Sanctuary Society
Youth Volunteer Parental/Guardian Consent Form
(Required for all youth volunteers under 19 years of age)

In order for your child to participate in ecosystem restoration activities at Swan Lake Christmas Hill Nature Sanctuary, it is required that a parent or guardian read and sign this consent form.

I understand, acknowledge and consent as follows:

- 1. Waiver and Release:** I hereby assume all risks and responsibilities for my child's participation with an organized school directed ecosystem restoration activities and waive, release and discharge the Swan Lake Christmas Hill Nature Sanctuary Society and their officers, directors, employees and agents, from any responsibility for any harm, loss, personal injury, or death resulting from, arising out of, or in connection with volunteer activities at the Sanctuary.
- 2. Risk Assessment:** I understand there are risks associated with my child participating including, but not limited to, habitat restoration work with gardening tools, moving over rocky, slick or steep ground or interaction with the natural environment and animals. As guardian of said minor, I recognize and understand that these activities could include the possibility of injury and hereby expressly assume the risk of injury or harm and release Swan Lake Christmas Hill Nature Sanctuary Society from all liability. Injuries sustained may receive suitable first aid medical treatment which may be deemed advisable in the event of injury or sudden illness.
- 3. Supervision:** Students will be supervised by School Staff and supported by Swan Lake Christmas Hill Nature Sanctuary staff. Participants must stay with their class on-site during work shifts.
- 4. Photo Release:** Swan Lake Christmas Hill Nature Sanctuary may use my child's first name and any photographs or video images of my child that are made during the course of their volunteer time for educational or promotional purposes related to Nature Sanctuary activities. ____ yes ____ no
- 5.** I verify that my child is physically and mentally capable of participating in ecosystem restoration activities.

Youth Name: _____

I CERTIFY THAT I HAVE READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS SIGNIFICANCE, AND HAVE THE AUTHORITY TO ACT ON BEHALF OF THE ABOVE YOUTH.

Parent or guardian's name (please print clearly): _____

Signature: _____ Date: _____