

Environmental Learning for Kids Volunteer Liability Waiver

Volunteer Information

Name of Volunteer: _____

Full Address (Street, Apt, City, Zip): _____

Date of Birth: _____

Race(s) / Ethnicity(s): African-American Asian Caucasian Hispanic Multi-Racial Native American Other

Emergency Contact Information – This will be the Primary Contact in case of emergency

If some emergency necessitates attention beyond first-aid care available, I understand that I will be called, if possible, and that additional medical attention, as needed, will be obtained at my expense.

Name of Primary Contact: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Second & Third Emergency Contact – if Primary is unavailable

Secondary Contact in case of emergency:

Name: _____ Home Phone: _____ Work Phone: _____

Third Contact in case of emergency:

Name: _____ Home Phone: _____ Work Phone: _____

Insurance Information

Name of insurance company: _____ Policy #: _____

Policy holder's name: _____ Name of Insured: _____

Doctor's name: _____ Phone: _____

Health History

Volunteer has, or is subject to (check if yes):

asthma fainting spells convulsions

diabetes heart trouble allergies

reaction to medication swim/sport restrictions

other, describe: _____

Any conditions requiring regular medication? If yes, please specify nature of condition(s), medication(s):

Are there any restrictions to any activity for medical reasons? _____

If yes, please explain: _____

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAIVER

In consideration of my being permitted by ELK to volunteer in any program activities;

I (print full name) _____, the undersigned exercising my own free choice to participate voluntarily in program activities and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless ELK and their members, officers, agents, employees, and any other persons or entities acting in their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or equity, relating to injury, disability, death or other harm, to person or property of both, arising from my child's participation in and/or presence at any activity.

I acknowledge that Environmental Learning for Kids (ELK) conducts field trips and programs that take place in the outdoors, and I am fully aware of the inherent risks that are associated with the outdoors, including, but not limited to exposure to the elements (i.e. sun, wind, rain, snow), risks associated with falls, uneven trails, bug bites, poison ivy, bee stings, and potential interaction with other plants and wild animals.

I understand that this is not a comprehensive list of all of the possible risks. I acknowledge that I have been informed of hazards and risks, which may be associated with my participation as a volunteer in program activities whether in the outdoors or in a classroom based environment: I understand, accept, and assume those hazards and risks, and waive all claims against ELK and other persons set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through participation in normal or unusual acts associated with program activities.

I, _____ (hereinafter called "the volunteer"), a volunteer in ELK, hereby affirm that,

WHEREAS, the activity will be organized and sponsored by ELK and the volunteer will, during such time, be actual physical custody of representatives of ELK who will be in charge of the event; and

WHEREAS, I also desire to release and indemnify ELK and its representative from and against all liability associated with the event.

NOW, THEREFORE, I do hereby declare and authorize the following;

1. ELK staff, board, and other volunteers are hereby declared to be my attorneys-in-fact empowered to, and specifically authorized to, arrange and authorize any medical care or treatment for the volunteer during the above specified times of the activity which shall, in the discretion of such representatives, be necessary. I hereby accept full responsibility and pledge to pay the entire cost of any such medical care or treatment for the volunteer. Third parties may rely upon these statements.
2. I do further hereby release fully ELK, its directors, officers, employees, and agents, from any loss or liability that shall arise in any manner by virtue of the volunteers participation in the event. This release is given both on behalf of the volunteer and on behalf of myself/ourselves individually. The volunteer, by his or her signature herein below, and to the extent he or she has legal capacity to do so, also hereby releases fully ELK, its directors, officers, employees, volunteers and agents from any loss or liability that shall arise in any manner by virtue of the volunteers participation in the event.
3. I do further agree to fully defend and indemnify ELK, its directors, officers, employees, volunteers and agents from and against any loss or liability that shall arise in a manner by virtue or the volunteers participation in the event.

I hereby grant permission to ELK to disseminate through broadcasting or publishing, pictures, and/or voice recordings taken during any ELK activities in which the volunteer appears.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this release, Assumption of Risk, and Waiver.

I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

Dated and Effective this _____ day of _____, 20_____.

Signature(s) of Volunteer: _____

Parent or Guardian Signature (if under 18): _____