



Mountains to Sound Greenway Trust
911 Western Avenue, Suite 203
Seattle, WA 98104

Volunteer Line: 206-812-0122
Email: volunteer@mtsgreenway.org
Web: www.mtsgreenway.org

Parent/Guardian Permission

To participate in this environmental restoration project in the Mountains to Sound Greenway your child must have your written permission. Please fill out the form below, sign, and make sure it is brought to the volunteer event. **Minors without signed releases will not be permitted to participate in any activities.**

Waiver

I understand adult supervisors trained in first aid and safe work procedures will accompany my child on all projects and activities. I understand that each project or activity will involve the normal level of risk associated with such projects or activities and I hereby release the Mountains to Sound Greenway Trust 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 a Mountains to Sound Greenway Trust project, the photo or videotape may be used for promotional or educational materials specific to the Mountains to Sound Greenway Trust or any of their 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 secure 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: _____

Parent/Guardian Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Address: _____

List any allergies or environmental sensitivities:

List any special medical problems or conditions:

Date of last tetanus immunization/booster: _____

Family Physician: _____ Phone: (____) _____

Local Emergency Contact (if unable to reach you):

Name: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

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

Parent/Guardian Signature: _____ Date: _____