PARENTAL CONSENT

I consent to the participation of my son/daughter

(name)_____________________________________ in the Fairchild Tropical Botanic Garden Volunteer Program. I authorize the emergency treatment of my son/daughter if he/she is injured or becomes ill, if the staff supervisor is unable to contact me for permission to treat or if the situation is deemed to be life-threatening. I certify that the information about my son/daughter’s physical limitations, allergies and medical conditions are correctly noted on the front side of this application. I also give permission to use any photographs that are taken of my son/daughter while he/she is volunteering at Fairchild for the use of publicity or promotion without limitation or reservation. I understand that student volunteer opportunities at Fairchild vary due to seasonal considerations, program needs, and availability of staff to supervise volunteer assignments and that the ongoing participation of a Fairchild volunteer depends on adherence to Fairchild’s volunteer policies and procedures, which have been provided to my son/daughter, and to the satisfactory performance of the job undertaken.

Name of Parent or Guardian (please print): __________________________________________

Signature of Parent or Guardian: ________________________________ Date: ________________

Primary Phone: ____________________________ Alternate Phone: __________________________

SECONDARY EMERGENCY CONTACT, (above guardian will be contacted first)

Name: __________________________________________ Relationship: _______________________

Phone Number: ______________________________

HOLD HARMLESS AGREEMENT

I fully and absolutely assume all risk of injury to myself or to my son/daughter (if parent signing for student volunteer), including, but not limited to death, and hereby unconditionally and absolutely release, even for their own negligence, indemnify and hold harmless Fairchild Tropical Botanic Garden and their officers and directors, employees, agents, representatives, and their insurers from all claims for damage or injuries of any kind to me or my son/daughter, now or in the future, arising from my participation as a volunteer in Fairchild Tropical Botanic Garden programs. Further, I confirm that I or my son/daughter is in good physical health and represent that I or my child have no existing physical disability, illness or condition of any type that might be aggravated by the participation in said programs.

I certify that the information given in this volunteer application is true and correct.

PARENT OR GUARDIAN: ________________________________ Date ________________

(Signature of Parent or Guardian)

(Print Name of Parent or Guardian)