



**Vancouver Watersheds Alliance
and the City of Vancouver Volunteer
Minor Consent and Release Agreement**



In order for your minor child to become a volunteer with the Vancouver Watersheds Alliance and the City of Vancouver, we must receive your written consent. Please read and complete the information below. We appreciate your child's interest and concern with enhancing the quality of life in our community.

Minor Child's Legal Name (first, middle, last) list all children present for volunteer event:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

I, _____, am the parent/guardian (circle one) of the above-named child and hereby give consent for my minor child named above to volunteer for the Vancouver Watershed Alliance (VWA) and the City of Vancouver.

I understand that my minor child may or may not be supervised by an adult. If minor is age 13 or under I understand that I must be present or provide another adult to supervise my child at all times during the event.

I understand that the volunteer activity _____ may entail a risk of physical injury or death, and my minor child may be exposed to hazards including, by way of illustration but not limitation; weather, travel over bodies of water, terrain, poisonous insects, reptiles or plants, wild animals, fire (including intentionally set fires for biological management), actions of staff, other participants, volunteers or citizens in the area who may not act responsibly and safely and, various other hazards including those associated with strenuous manual labor and assume any risk associated with the foregoing.

I understand that my minor child is to participate in an orientation and training prior to placement in the volunteer position. I understand that any concerns that I or my child may have regarding employees, conditions or policies must be directed to the volunteer coordinator.

I understand that it is my responsibility to inform the volunteer coordinator for any changes regarding, but not limited to, any limitations my child may have or emergency contact information.

In consideration of the valuable experience my child may gain through this volunteer opportunity, I hereby release VWA and the City of Vancouver from any claims that I or my child may have caused directly or indirectly by physical conditions, any acts or omissions of the City, City staff, other volunteers or any other agents or contractors of the City and I agree to hold the City harmless from any such claims.

I hereby authorize VWA and the City of Vancouver to request and obtain emergency medical care at my expense for my child from such medical care provider as is available in any situation which department employees or agents determine such care is required.

I authorize VWA and the City of Vancouver, through its employees and agents, to record audio, video, and/or to photograph my minor child and to use and reproduce all audio clips, video clips, and/or photographs to advertise and promote their programs and services in printed materials and on the internet without further notice to me and without compensation.

I have read the foregoing agreement, understand it and freely and voluntarily agree to its terms and conditions.

Parent/Guardian Signature:		Date: / /	
Parent/Guardian Name (please print):			
Phone: ()		Cell: ()	
Emergency contact name & phone (if different than above):		Email (if you would like to be added to our volunteer program mailing list):	