



SIGN-IN RELEASE AND WAIVER OF LIABILITY FOR MINOR

Parent or guardian, please fill out complete information.

Name of Event: _____ **Date:** _____ **Location:** _____
Volunteer Contact: _____ **Phone:** _____ **Email:** _____
USFS Contact: _____ **Phone:** _____ **Email:** _____

As the parent / legal guardian of the minor child named herein, recognizing the inherent risks of this activity and assuming personal responsibility, I grant permission for my child to participate, in accordance with the terms that follow.

RELEASE, HEALTH & SAFETY: In consideration of receiving permission from Save Georgia’s Hemlocks, Inc. (SGH) and the U. S. Forest Service (USFS) to take part in the above event, and having full confidence that every precaution will be taken to ensure the safety and well being of my child, I do hereby release, hold harmless, and forever discharge these organizations, together with their successors, assigns, and all of their officers, directors, employees, leaders, co-leaders, and members, from any and all liability, claims, demands, actions, or cause of actions, whatsoever which arise or may hereafter arise out of or related to any injury, illness, loss or damage, including death, relating to participation in the said activity. I warrant that my child’s health and physical condition are sufficiently good to allow him/her to participate in this event without danger to himself/herself or others, and understand that he/she will have received adequate instructions concerning the event activities and safety prior to the start of the event. _____ [Initial]

EMERGENCY TREATMENT: In the event of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, the event leaders have my permission to obtain medical treatment for my child from the nearest hospital, emergency facility, or doctor, at my expense, and I hereby release and forever discharge the above named organizations from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the activity. _____ [Initial]

PHOTOGRAPHIC PERMISSION: In addition, I hereby grant to the above named organizations all rights, title, and interest in any and all photographs, images, video, or audio recordings of my child or his/her likeness or voice made by them during the above activity, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. _____ [Initial]

COVID DISCLAIMER: I am aware that my child’s participation in this project may expose him/her to Covid 19, and I agree that I am voluntarily assuming this risk on his/her behalf. _____ [Initial]

PLEASE WRITE LEGIBLY.

Name of Minor Child: _____ **Date of Birth:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Physical Home Address: _____
Street **City, State, ZIP Code**

Parent / Guardian Signature: _____ **Date:** _____

Cell Phone: _____ **Emergency Contact Name & Phone:** _____

Signature: _____ **D.O.B:** _____ **R-T Travel Time:** _____ **Hrs Worked:** _____