



## Parental/Legal Guardian Consent Form Volunteer Release for Minors (under the age of 18)

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for Elachee Nature Science Center on \_\_\_\_\_ (date of volunteer event), for \_\_\_\_\_ (volunteer event). I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation or benefits. I agree and understand that the Minor must comply with the rules and regulations established by Elachee Nature Science Center and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Elachee Nature Science Center, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Elachee Nature Science Center. I hereby release, remise, waive and forever discharge Elachee Nature Science Center, together with all of its officers, directors, trip leaders and employees, from any and all liability, claims, demands, actions, or cause of actions, whatsoever arising out of or related to any injury, illness, loss or damage, including death, relating to participation in the said activity. As parent or legal guardian, I allow Elachee Nature Science Center promotional usage of any photograph taken of the Minor at this event.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number(s) for Emergencies

**Please return consent form to:**

Elachee Nature Science Center  
2125 Elachee Drive  
Gainesville, GA 30504  
elachee@elachee.org