

# Love Our Land's Youth Conservation Team

## Parental Consent and Liability Waiver Form

Participant's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### 1. Program Description

Love Our Land's Youth Conservation Team provides participants with the opportunity to engage in conservation efforts, including activities such as planting trees, maintaining trails, cleaning local parks, and other outdoor environmental tasks. These activities may include physical labor, the use of hand tools, and exposure to natural elements.

### 2. Assumption of Risk

I, the undersigned parent/guardian, understand that participation in Love Our Land's Youth Conservation Team may involve inherent risks, including but not limited to physical injury, exposure to wildlife, and environmental hazards. I acknowledge that all reasonable safety precautions will be taken, but I assume full responsibility for any injury, illness, or other harm that may arise during my child's participation.

### 3. Medical Authorization

In the event of an emergency, I authorize Love Our Land's Youth Conservation Team staff to seek medical treatment for my child, including transport to a hospital or urgent care facility if necessary. I understand that every effort will be made to contact me in such circumstances.

Please list any known allergies, medical conditions, or other health concerns:

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### 4. Release of Liability

By signing this waiver, I release and hold harmless Love Our Land, its employees, volunteers, and affiliates from any and all claims, damages, and liabilities arising out of or related to my

child's participation in the Youth Conservation Team program. This includes, but is not limited to, accidents, injuries, or loss of personal property.

**5. Photo/Media Consent**

I give my consent for Love Our Land to use photographs, videos, and other media featuring my child's participation in the Youth Conservation Team for promotional, educational, and informational purposes.

(Please check one)

Yes

No

**6. Parent/Guardian Consent**

I certify that I am the legal parent or guardian of the above-named participant and that I have read, understood, and agreed to the terms of this waiver.

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_