Volunteer Emergency Contact Information & Waiver (under age 18)

Requires Parent/Guardian Consent

To be completed before service is performed. *Read this waiver very carefully before you sign.*

**Emergency Contact Information Date**

Participant Name Age & Birthdate

IN case of an emergency, contact:

Name Relationship

Phone (primary) Phone (secondary)

Email

Any allergies, medication, or other information needed in an emergency:

**Notice**

Walker Basin Conservancy screens all potential staff (paid or unpaid), board members, AmeriCorps members, and key volunteers on the National Sex Offender Registry. **By completing this form, you are submitting to such inquiry**.

**Waiver of Liability**

This Waiver of Liability (the “Waiver”) executed on this day of , 20 , by (the “Parent/Guardian”) on behalf of (the “Minor”) in favor of Walker Basin Conservancy a nonprofit corporation organized and existing under the laws of the State of Nevada and their directors, officers, employees, and agents (collectively, “Walker Basin Conservancy”).

The Minor desires to work as a volunteer for Walker Basin Conservancy and engage in the activities related to being a volunteer for a work project. I, the Parent/Guardian, hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

**1. Waiver and Release.** I, the Parent/Guardian, release and forever discharge and hold harmless Walker Basin Conservancy and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Minor’s work with Walker Basin Conservancy. I understand and acknowledge that this Waiver discharges Walker Basin Conservancy from any liability or claim that I may have against Walker Basin Conservancy with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Minor’s participation on any Walker Basin Conservancy project. I also understand that Walker Basin Conservancy does not assume any responsibility for or obligation to provide financial assistance or other assistance to the Minor, and does not provide insurance coverage for medical, health or disability in the event of injury, illness, death or property damage.

**2. Insurance.** I understand that I expressly waive any such claim for compensation or liability on the part of Walker Basin Conservancy beyond what may be offered freely by the representative of Walker Basin Conservancy in the event of such injury or medical expense. Such offer shall not constitute an admission of liability on the part of Walker Basin Conservancy.

**3. Medical Treatment.** I hereby release and forever discharge Walker Basin Conservancy 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 Minor’s time with Walker Basin Conservancy.

**4. Assumption of the Risk.** I understand that the Minor’s time spent with Walker Basin Conservancy may include activities that may be hazardous to the Minor, including, but not limited to, working in a garden, structure-building, moving heavy objects, tool use, loading and unloading of heavy materials or equipment, working with compost, soil, and water, spending extended periods of time outdoors, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Walker Basin Conservancy from all liability for injury, illness, death, or property damage resulting from the activities of the Minor’s time with Walker Basin Conservancy.

**5. Photographic Release.** I grant and convey unto Walker Basin Conservancy all rights, title, and interest in any and all photographic images and video or audio recordings made by Walker Basin Conservancy during the Minor’s work for Walker Basin Conservancy, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Nevada in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Nevada. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver which shall continue to be enforceable.

Parent/Guardian Signature Date

Print Parent/Guardian Name Organization (if applicable)