



Our City Forest **Parent/Guardian Consent Form**

I, the undersigned, state that my child _____
(**print name**) is under the age of 18 and I agree to give him/her permission to participate in Our City Forest's volunteer program. I understand that during the course and scope of their volunteer services he/she will not be covered by Our City Forest's Workers Compensation policy. My child's sole remedy for any injury sustained during the course and scope of their volunteer services will be through Our City Forest's Accident Insurance Policy. I waive any other right or remedy that my child may have available for these injuries.

I also acknowledge and agree that my child's services are provided to help Our City Forest in accomplishing its mission and may be terminated for any or no reason and at any time by Our City Forest without notice or hearing. I acknowledge that there is no salary or other compensation for his/her services as a volunteer.

In checking this box, I grant Our City Forest permission to communicate with my child via phone and/or email for volunteer-related purposes.

In checking this box, I grant permission to Our City Forest to utilize photos of my child taken during volunteer projects in online or print media.

In checking this box, I allow (if necessary) staff and AmeriCorps members of Our City Forest to transport my child in Our City Forest vehicles.

<hr/> Name of Event	<hr/> Date(s) of Event
<hr/> Phone Number of Parent/Guardian	<hr/> Name of Parent/Guardian (printed)
<hr/> Signature	<hr/> Date