



## *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 understand that this consent form will be kept on file for the duration of the AmeriCorps service year (until August 2018) and that my child may be contacted via email regarding additional volunteer opportunities with the organization. I understand that any photos taken of my child during the scope of the project(s) may be used in both digital and print materials to market OCF programs.

I 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.

Please contact Catherine Foster, Our City Forest Volunteer Program Manager, with any questions regarding the contents of this form. She can be reached at [Catherine@ourcityforest.org](mailto:Catherine@ourcityforest.org) or (408) 998-7337 ext. 111.

\_\_\_\_\_  
**Name of Parent/Guardian (printed)**

\_\_\_\_\_  
**Phone Number of Parent/Guardian**

\_\_\_\_\_  
**Signature**

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