

Permission and Authorization Form and General Release
(Please read this entire document before signing)

I acknowledge that there are risks involved in my child's participation as a volunteer with the Trustees of Reservations, and I willingly and voluntarily assume such risks on behalf of my child. By signing this contract, I give permission to my child to participate in all planned volunteer activities. By signing this contract, I agree for myself, my spouse, my child and our representatives, agents, heirs, successors and assigns to release and hold harmless the Trustees and all of its affiliates, officers, agents, and employees from all claims, actions, causes of action, liability, loss, damage, controversies, accidents and injuries, and any expense, which in any way may arise from my child's participation in the volunteer program and/or through any act or omission of the Trustees or any of its officers, agents, or employees. This General Release is intended to include any claims that I or my child may have arising from personal injuries or other accidents and injuries caused by another child or other participant in the Program. Additionally, by signing this contract, I agree to indemnify and hold harmless the Trustees for any claims, accidents and injuries that are caused by my child.

I also give permission for my child to be photographed and/or videotaped and for the Trustees to use the pictures for publicity purposes.

I understand that in case of a medical emergency, the staff of the Trustees will make every effort to contact me or the person(s) listed as the emergency contact. In the event that I or the emergency contact(s) can not be reached, I give permission to the staff of the Trustees to arrange transportation to local medical facilities, including calling 911 or an ambulance. In the event of an emergency, I hereby authorize the Trustees or emergency medical personnel to transport my child to the closest hospital or medical facility and give permission to the physician selected by the Trustees or the physician(s) at such medical facility to hospitalize; secure proper treatment; order injection, X-rays, anesthesia, surgery, and routine tests if I, the emergency contact(s), or child's physician can not be reached. I understand that I am responsible for all medical costs incurred in treating my/our child."

I have read and reviewed carefully the Program information provided and also the terms of this contract. By signing below, I understand this document constitutes a legally binding contract, to be construed under Massachusetts law and under which both parties agree to be bound.

Name of Child _____

Parent/Guardian signature _____

Print Name _____

Emergency Contact Phone Number _____

Date _____ GSDOCS\1737362