

PACIFIC CREST TRAIL ASSOCIATION VOLUNTEER

Participant Waiver and Release for Minors

_____ has my (our) permission to participate in
Name of Minor

a trail maintenance project on the Pacific Crest National Scenic Trail near (enter project location, dates, and times).

I/we understand and acknowledge that trail maintenance poses risks to my child, including the risk of bruises, scrapes, cuts, sprains, and serious injury or death.

I/we also attest that my child is physically fit to participate in trail maintenance.

I/we hereby certify that the minor is my son / daughter (circle one) and that his/her date of birth is _____ and I/we do hereby certify that to the best of my/our knowledge and belief said minor is in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my child. I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we have completed an Emergency Medical Release Form for the above named minor, which includes all allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Pacific Crest Trail Association and all officers, directors, employees, agents and volunteers of the organization, including the owners and leasers of premises used to conduct the event acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my participation in the above noted event.

I/we understand that the federal agency volunteer programs do not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the activity described above.

1. _____
Signature Print Name Date

2. _____
Signature Print Name Date

Address City State Zip Phone (with area code)

Alternate Adult:

Signature Print Name Date

Address City State Zip Phone (with area code)