



VOLUNTEER YOUTH CONSENT FORM

MUST BE COMPLETED BY AN ADULT, 18 OR OLDER



Youth Name: _____ (please print)

In consideration of being allowed to participate in volunteer activities at Ashland Parks and Recreation.

I, **Adult Name:** _____ (please print) am the custodial parent or legal guardian of a minor youth who wishes to participate in the above-mentioned activities. I execute this release on my own behalf, and I am a competent adult. I understand and am satisfied with the nature of the volunteer activities that will take place, and consent to my child's participation. I understand and agree that my child will be acting as a volunteer, and that the City of Ashland/Ashland Parks & Recreation Commission (APRC) will not be responsible for any damages, injuries or sickness that may result to him/her. I acknowledge that these volunteer activities may involve risks, such as those described below, and I have satisfied myself that my child should participate in these volunteer activities even though these risks exist. I hereby release the City of Ashland/APRC from any and all claims for damages, injuries and sickness, which may arise as a result of my child's participation in these volunteer activities.

I am aware that potentially dangerous conditions exist on the property where the volunteer activities are to occur, or on the way to or from the property and that such dangerous conditions may include, but not be limited to, slippery pavement, fallen trees, limbs, rocks, debris and other materials. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that my child is physically able to undertake and complete this activity. I understand and acknowledge that the City of Ashland/APRC is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that my child would not be allowed to participate in the activities if I did not execute this consent and release.

Further, for myself and for my child and his/her heirs and assigns, I release the City of Ashland and APRC and their officers, employees and agents from any and all claims for injuries sustained to personal property resulting from participation in the volunteer activities described above and agree to defend, with an attorney acceptable to the City of Ashland, indemnify and save the City of Ashland and APRC and their officers, employees and agents from any and all claims, costs and damages, including attorney fees and costs incurred in the evaluation, defense or appeal of any claim resulting from injury to any person or damage to property of whatsoever nature arising out of negligence or carelessness on the part of the persons or entities released, except for injury to person or damage to property arising out of the intentional misconduct or the recklessness of the City of Ashland or APRC

I have carefully read this Participation and Release Form and fully understand its content. I am aware that this is a release of liability for negligence and a contract between me, on behalf of my child, and City of Ashland, and I sign it voluntarily and of my own free will.

Parent/Guardian Signature: _____ Date: _____

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| Youth DATE OF BIRTH: _____ Parent/Guardian Name: _____ Email: _____ Phone: _____ Address: _____ City: _____ State: ____ Zip: _____ Are you available to be reached while your child volunteers? _____ If not, complete below: Emergency Name: _____ Emergency Phone: _____ Relationship: _____ |
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