



Inland Northwest Land Conservancy
Minor Field Volunteer Waiver & Release from Liability

Volunteer Information (Minor)

Name _____

Mailing Address _____

Phone _____

Email _____

For persons under 18 years of age, a parent or legal guardian must sign this Inland Northwest Land Conservancy ("INLC") Field Volunteer Waiver & Release from Liability ("FVWRL") form and complete the following section.

I, the undersigned _____ (parent/guardian) the parent or natural guardian of _____ (minor's name, hereafter "the minor"), hereby acknowledges that I have executed the foregoing FVWRL on behalf of the minor. As the natural or legal guardian of such minor, I hereby:

- 1) Consent to participation of the minor in the activities
- 2) Affirm the warranties and representations set for the in the attached FVWRL as to the minor, and agree to bind myself, the minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the forgoing FVWRL
- 3) Agree to release and (i) defend or (ii) indemnify and hold harmless the persons and entities mentioned in the foregoing FVWRL from (a) any and all claims, losses, or liabilities for personal injury, partial or permanent disability, property damages, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or release to the minor's participation in or traveling to and from activities and (b) any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing FVWRL or in the execution of this consent. Whether I defend or indemnify and hold harmless such persons shall be determined in the sole discretion of the party entitled to such.
- 4) **I consent to photo release**, and allow any and all photos or videos taken of the minor during INLC volunteer activities to be used by INLC in newsletters, social media, and other outreach materials.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("medical provider") to treat the minor for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to activities. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of the minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration or anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself or the minor. I acknowledge no warranty is being made as to the results of any medical treatment.

I HEREBY CERTIFY THAT I HAVE READ CAREFULLY, UNDERSTOOD, AND ACCEPTED THE CONTENTS OF THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE.

Parent/Guardian Signature: _____ Relationship to Minor: _____

Date: _____