

WAIVER

ACTERRA STEWARDSHIP PROGRAM – YOUNG EARTH STEWARDS

Students: if you want to participate in any habitat restoration activity with Acterra, please read and sign #1, Student Promise

Parents: if you want your child to participate in this activity, please read and sign #2, Parent Waiver

We need sections 1 and 2 completed for a student to participate



If you have any questions about this waiver contact:

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READ THE INSTRUCTIONS TO THE LEFT

1. STUDENT PROMISE:

I wish to volunteer in this activity sponsored by the Acterra Stewardship Program, project of Acterra. I agree to conduct myself in a safe and responsible manner at all times. I will watch out for and warn others about any potentially unsafe situations.

Student's name: _____

Student's signature: _____

2. PARENT WAIVER:

I represent that my child is in good physical condition and know of no reason why it would be unsafe for her/him to participate in the activity. I understand that despite diligent efforts to conduct this activity in the safest possible manner my child could be seriously injured, and I agree to accept those risks. I understand that my child must rely on her/his own medical insurance in the event that she/he is injured during this activity. I agree to release Acterra, its employees, its volunteers from any liability for any such injury. To the fullest extent allowed by law, I assume any and all risks of bodily injury, death or property damage, whether known or unknown, and I agree that Acterra, its employees, its volunteers and their officers, employees and members shall not be liable for any injuries or damage to me, including, but not limited to, injury or damage resulting from active or passive negligence on their part. I authorize Acterra staff to administer first-aid to my child or seek emergency medical attention if needed.

I hereby authorize the Acterra Stewardship Program, to use my child's first name and picture for non-commercial outreach purposes including but not limited to the website, brochures, and flyers. I hereby waive the right to any and all payment or compensation for the use of my child's picture.

Check here if you do not authorize the photo release

I am the legal parent or guardian of the above participant. I have carefully read this agreement and fully understand its contents.

Parent/Guardian's name

Emergency phone number

Email address

Address (Street, City, Zip Code)

Check here if you do not want to receive information, including upcoming events

Parent/Guardian's signature

Date

For a schedule of events please refer to our **Event Calendar** at:
http://acterra.org/programs/stewardship/get_involved.html

ACTERRA
STEWARDSHIP
PROGRAM

Acterra:
Action for a Healthy Planet



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