



**Please read the following waiver and sign at the bottom, indicating your agreement. Please complete all fields and write legibly.**

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of the Athens-Clarke County Stormwater Management Program, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Athens-Clarke County Stormwater Management Program, its community service partners, officers, directors, employees, agents and volunteers from any claim, demand or cause of action that may be asserted by me or on my behalf as a result of my child or ward volunteering for activities through the Athens-Clarke County Stormwater Management Program.

I hereby attest that attendance and involvement is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions release.

Furthermore, I grant the Athens-Clarke County Stormwater Management Program and its partners the irrevocable right to use photographs and video or audio recordings of my child or ward while volunteering, in any medium, without pay.

Permission: I also give the Athens-Clarke County Stormwater Management Program and/or event Site Leaders permission to take my child or ward to the hospital in case of emergency and to administer medications provided to them by physician's prescription.

I further attest that my child or ward has no allergies or special medical needs other than those listed below:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_