



First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

School: _____ Graduation Year: _____

Aquarium of the Pacific Volunteer RELEASE OF LIABILITY

Education Volunteers under the age of 18 are not allowed to participate in any volunteer activities until a Release Waiver signed by their parent or legal guardian has been returned to the Volunteer Services Department at the Aquarium of the Pacific. Please carefully review and complete the agreement below, ensuring that at least one emergency contact phone number is provided and that the form is signed by a parent or legal guardian. A separate agreement must be completed for each volunteer.

Name of Volunteer: _____

Date of Birth: _____

All volunteers and parents or legal guardians for each minor must read and agree to the following.

I wish to allow son/daughter/child under my legal guardianship ("child") to volunteer with the Aquarium of the Pacific. In consideration of the Aquarium of the Pacific providing myself/my child with the opportunity to perform volunteer activities, I hereby agree, for myself, my heirs, assigns, executors, and administrators, to be legally bound hereby and waive, release, and forever discharge the Aquarium of the Pacific, its officers and directors, members, partners, funders, employees, agents, and volunteers ("Releasees") from any and all liability, causes of action, suits, proceedings, damages, judgments, claims and demands whatsoever arising out of my/my child's participation as a education volunteer or in any Aquarium of the Pacific related activity.

I am aware and agree that there are inherent risks of injury to myself/ my child, my/my child's property and third parties arising from volunteer activities typically performed by volunteers, and which may be performed by myself/my child as a n Aquarium of the Pacific volunteer. I hereby give permission for myself/my child to participate in all activities as a volunteer and expressly and specifically acknowledge that those activities may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, and (c) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely assume all such risk and damage to person or property arising there from, whether or not resulting from negligence, and agree to release the Aquarium of the Pacific and its Releasees from any and all liability, actions, causes of action, claims and demands of every kind and nature whatsoever which I now have or which may arise out of or in connection with my/my child's volunteer services as a education volunteer or in any Aquarium of the Pacific related project or activity.

PHOTO RELEASE

I hereby give my permission to the Aquarium of the Pacific, their Releasees and to the photographer, my free and unlimited consent and permission to publish/broadcast, republish/rebroadcast or exhibit in the furtherance of their work, with or without identification of me or my child by name, any photographs, videos or audios of myself/my child, that have been obtained from my/his/her participation in Aquarium of the Pacific activities. I furthermore waive any and all claims for any compensation by reason thereof or for damages for reasons thereof.

CONSENT OF TREATMENT

I, the undersigned individual/parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines and surgical treatments, diagnostic and therapeutic procedures, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding myself/my child. It is understood that efforts shall be made to contact the emergency contact prior to rendering emergency treatment to the patient.

I attest that I am over 18 years of age, and I warrant that I have legal authority to execute this agreement on myself/my child or legal ward's behalf. I attest that my/my child's attendance and involvement in such activities is fully voluntary, that I/my child am/is physically fit and prepared for volunteer activities and that I am participating/I am allowing my child to participate at my/his or her own risk. I have read the foregoing Waiver and Release, and I hereby give my express consent to the execution of this release and will not revoke my consent.

Signature of Volunteer:

Signature of Parent/Guardian (if volunteer is under 18):

Printed Name: _____ Date: _____

Emergency Contact Information

You must provide at least one emergency contact number with area code:

Emergency Contact 1

Name:
Relationship:
Home Phone:
Work Phone:
Cell Phone:
Email:

Emergency Contact 2

Name:
Relationship:
Home Phone:
Work Phone:
Cell Phone:
Email: