



SOLVE Youth Volunteer Permission and Waiver

SOLVE

Project: _____ Site Location: _____ Date: _____

ALL PARTICIPANTS UNDER AGE 18 WHO ARE UNESCORTED BY AN ADULT MUST HAVE A PARENT OR GUARDIAN SIGN THIS FORM.

THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE SIGNING. In consideration of SOLVE providing the participant named below ("*Participant*") with the opportunity to participate as a volunteer in the project indicated above (the "*Project*"), I hereby agree to the following terms and conditions of this Youth Volunteer Permission and Waiver (this "*Agreement*"):

CONDITIONS FOR PROJECT PARTICIPATION. To participate in the Project, Participant must:

- Follow all safety instructions and procedures presented in connection with the Project;
- Use all necessary precautions to protect against property loss or damage, bodily injury, and death;
- Immediately stop participating in the Project if any activities become too strenuous, difficult, or hazardous.

ASSUMPTION OF RISK. I UNDERSTAND THAT THE PROJECT MAY INCLUDE DANGEROUS OR HAZARDOUS ACTIVITIES AND MAY TAKE PLACE AT A LOCATION OR UNDER CONDITIONS THAT MAY BE DANGEROUS TO PARTICIPANT. PARTICIPANT AND I ACCEPT FULL PERSONAL RESPONSIBILITY FOR ALL RISKS ARISING FROM OR RELATED TO THE PROJECT.

RELEASE OF LIABILITY. I hereby release, waive, relinquish and forever discharge SOLVE from all liabilities, claims, obligations, demands, and causes of action (including, without limitation, claims for personal injury, wrongful death, property loss or damage, costs, charges, attorneys' fees, court costs, and other expenses) arising from or related to the Project. I intend this Agreement to be a complete, unconditional release of all liability to the greatest extent allowed by law. I acknowledge this Agreement shall act as a complete bar against all claims that I could otherwise bring against SOLVE, including negligence claims, arising from or related to the Project. For purposes of this release, "SOLVE" includes SOLVE, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and landowners and licensees on whose property the Project may be located, and their employees, agents, next of kin, heirs, personal representatives, successors, and assigns.

I HAVE **READ THIS AGREEMENT** AND HAVE **SIGNED IT FREELY** WITH THE UNDERSTANDING THAT, BY SIGNING IT, I HAVE **GIVEN UP SUBSTANTIAL RIGHTS** ON BEHALF OF MYSELF AND PARTICIPANT.

Signature of Parent or Guardian _____

Date _____

Name of Participant																<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Parent/Guardian																	
Relationship to Participant																<input type="checkbox"/> Home <input type="checkbox"/> Business	
Address																<input type="checkbox"/> Home <input type="checkbox"/> Business	
City																State	Zip

Would you or Participant like to receive information from SOLVE? Participant must be at least 13 years old to receive communications from SOLVE. Please consider email, which is the most cost effective method.

☐ Yes, via email using the email address(es) provided below.

☐ Yes, via mail using address above.

Parent/guardian email: _____

Participant email: _____