



PARENTAL CONSENT FORM

Minor Child's Name: _____

I, the Undersigned, am the parent or guardian of the above-named student and wish to allow my minor child to volunteer services to Mountains Restoration Trust. I acknowledge and agree that the nature of the volunteer services which are typically performed by Mountains Restoration Trust volunteers, and which may be performed by my child as a Mountains Restoration Trust volunteer, may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to have my child volunteer and hereby assume any and all risk, and agree to release Mountains Restoration Trust for all liability for such risk, including without limitation risk of any accident, injury, illness or death to person or property which my child may sustain, even if caused by the negligent or reckless conduct of a Mountains Restoration Trust employee or volunteer, in connection with participation as a Mountains Restoration Trust volunteer or in any Mountains Restoration Trust related project or activity.

The Undersigned hereby grants to Mountains Restoration Trust the unqualified and perpetual right to use, and consents to the use of, the name and likeness of the above-named child in connection with Mountains Restoration Trust's exploitation of the photographs, worldwide and in any and all media, including, by way of illustration, but not limitation, the display of still photographs, the inclusion on the World Wide Web and the preparation and dissemination of any advertising and promotional materials used to promote Mountains Restoration Trust.

The Undersigned gives permission for the above-named child to be given emergency medical treatment and/or transportation if necessary in the event of accident, injury or sudden illness while said minor is engaged in volunteer service to Mountains Restoration Trust. The Undersigned agrees to accept financial responsibility for any such medical treatment.

The Undersigned further acknowledges that I have read this release and fully understand the said terms and its contents hereof and I hereby give my express consent to the execution of this release and I will not revoke my consent.

Print Name of Parent or Guardian

Emergency Contact Phone

Parent or Guardian Signature

Date

STREET ADDRESS

CITY/STATE/ZIP

EMAIL ADDRESS

NO MINOR WILL BE ALLOWED TO PARTICIPATE IN A MOUNTAINS RESTORATION TRUST PROJECT OR ACTIVITY WITHOUT A SIGNED RELEASE AGREEMENT.