

WE CAN – UNDER 18



Release of Liability & Hold Harmless Agreement

I, _____, as the parent/guardian of _____ (the “Volunteer”), approve and give permission for the Volunteer’s participation in **WE CAN ReUse Drive Through Recycling Event** the “Program”) at Tufts University Cummings Campus, N. Grafton, MA_ coordinated by Worcester County Environmental Community Agricultural Network (WE CAN)

In consideration of the Volunteer being permitted to participate in the Program, I, to the fullest extent permitted by law, on behalf of myself, the Volunteer, my spouse, heirs, representatives, executors, administrators and assigns, **AGREE TO AND DO FOREVER RELEASE, WAIVE, AND DISCHARGE WE CAN, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, ASSIGNS AND VOLUNTEERS (COLLECTIVELY REFERRED TO AS THE “RELEASEES”) FROM ANY CAUSE OF ACTION, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER**, including but not limited to a claim of negligence which I or the Volunteer, my spouse, heirs, representatives, executors, administrators and assigns may now have or have in the future against the Releasees on account of personal injury, bodily injury, property damage or loss, death or accident of any kind, arising out of or in any way related to the Volunteer’s participation in the Program and/or the use of facilities, equipment, or services in association with the Program howsoever the injury is caused, whether by the negligence of the Releasees or otherwise. In consideration of the Volunteer’s participation in the Program, I **COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to the Volunteer’s participation in the Program and the Volunteer’s use of facilities, equipment, or services in association with the Program.

I, the Volunteer’s Parent/Guardian, authorize WE CAN, its employees and agents, to act on my and the Volunteer’s behalf in the event of an emergency during the Volunteer’s participation in the Program, and to take whatever actions they may consider to be warranted under the circumstances regarding the protection of the Volunteer’s health and safety. I know of no medical reason why the Volunteer should not participate in the Program. I understand that any circumstance or event arising from the Volunteer’s participation in the Program may not be covered by insurance maintained by WE CAN. The Volunteer has medical insurance and I will pay the Volunteer’s medical and emergency expenses in the event of accident, illness or other incapacity. I recognize that it is my responsibility to advise WE CAN of any special accommodations, needs or medical considerations (e.g. allergies) that may affect the Volunteer’s participation in the Program.

I understand that if the Volunteer does not follow the directions being given by WE CAN’s employees and volunteers or by his or her teacher, the Volunteer may be asked to terminate his or her participation in the Program.

Signature of Parent/Guardian _____ **Date** _____

Volunteer: I understand that if I do not follow the directions being given by WE CAN’s employees and volunteers or by my teacher, I may be asked to terminate my participation in the Program.

Signature of Volunteer _____ **Date** _____

EMERGENCY CONTACT INFO

Name of under 18 volunteer: _____

Name of Emergency Contact #1 _____

Contact Phone Number

Home _____

Cell(text yes/no) _____

Email: _____

Name of Emergency Contact #2

Phone Number home _____

Cell(text yes/no) _____

Email: _____

**DO YOU HAVE ANY SERIOUS OR POTENTIAL SERIOUS MEDICAL CONDITION
THAT WE NEED TO BE AWARE OF IN CASE YOU ARE INJURED OR BECOME ILL?**

If yes, please indicate the issue and if you have medication with you.