



EMERGENCY CONTACT INFORMATION

Your Contact Information

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Your Primary Address

Street _____

City _____ State _____ Zip Code _____

Emergency Contact

Contact person's name: _____ Relationship: _____

Same address as Employee? Yes No

If different: _____

Street

City

State

Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Family Physician

Name: _____ Daytime Phone Number: _____

Hospital Address: _____

By signing below, I am allowing *Greening Forward* to retain this information for emergency use. I acknowledge that it is my responsibility to update this form should the information change.

I, _____, grant permission for _____
(Parent/Guardian's Name – **please print**) (Child's Name – **please print**)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the IMPACT Academy for Youth and Greening Forward from any claims or lawsuits brought against the IMPACT Academy for youth or Greening Forward, by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by IMPACT Academy for Youth or Greening Forward in defense of such a claim/lawsuit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to call 911 and transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. If I/we cannot be reached, please call the above named person/s.

Please list any health concerns or special circumstances pertaining to your child. Attach page if more space is needed.

As parent/guardian, I agree to all of the above stated considerations and conditions.

Parent Signature: _____

Date: _____



RELEASE OF LIABILITY AND INDEMNITY

Name of Participant (please print): _____

Address: _____

Phone Number: _____

Volunteer Activity: **4th Annual International Young Environmentalists Youth**

Summit of Activity: **May 13-14, 2016 (and also the evening of May 12, 2016)**

Location of Activity: **The Point Community Development Center and Urban Assembly School for Green Careers**

I, the undersigned volunteer, agree and wish to volunteer for Greening Forward in the volunteer activity described above. I understand and agree as follows:

1. I am donating my time and services without compensation and shall at no time be considered an employee or independent contractor of Greening Forward, and Greening Forward will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that could prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risks of participating in the volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that Greening Forward is not responsible for conditions that I create myself or those by other volunteers or participants;
4. I hereby agree to release, hold harmless and indemnify Greening Forward, its officials, employees, and volunteers, from and against any and all loss, damage, expense, or cost (including attorney's fees) of any kind for injuries (including property damage, personal injury, disability, or death) arising out of this volunteer activity, whether caused by negligence of Greening Forward or otherwise;
5. I give permission to Greening Forward and agents acting in its behalf to record and distribute any audio, video, and photography that I may appear in because of this event;
6. I will also conduct myself in accordance with the laws of New York City, and the rules of my school's code of conduct.

I have carefully read this release and understand and agree with all terms and conditions.

Signature of Volunteer/Intern/Participant

Print Name

Date

Signature of Parent/ Guardian (if under 18)

Print Name

Date