

(For Administrative Use Only)

Volunteer Hours _____

Date: _____

Roundtrip Mileage: _____

Volunteer/Participant Form

Event: Snyder-Juniata Kids Enviro Camp Date of Event: June 17-19, 2024

Volunteer/Participant Name: _____ Date of Birth: _____

Gender: Male Female County: Juniata Snyder

Phone Number: _____ Grade Entering: _____

Address: (street, city, state, zip code): _____

In case of an emergency, notify:

Name: _____ Phone: _____ Email: _____

Address: (street, city, state, zip code): _____

Health Concerns: (Please list any allergies, health problems, or special needs pertaining to the participant, such as asthma, diabetes, bee sting allergies and ensure the equipment needed to handle a situation.) _____

How did you learn of this event:

District mailing District website District Facebook Friend/Family Flyer

Newspaper Other: _____

All volunteers/participants, please read the following and sign:

I acknowledge and understand participation may involve strenuous physical activities and work under difficult conditions and can result in serious personal injury or death. I certify that I am physically fit and have not been advised otherwise by qualified medical personnel. I understand and agree it is my responsibility to obtain medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during my participation. In consideration for the opportunity to participate through Snyder (SCCD) and Juniata (JCCD) County Conservation Districts, I agree for myself, my executors, administrators, heirs, successors, and assigns to: (A) waive, release and discharge theft or actions of any kind which may hereafter occur to me: SCCD and JCCD, their directors, members, volunteers, representatives, event holders, and landowners (collectively "Released Parties"); and (B) indemnify and hold harmless the Released Parties from any and all liabilities, claims, actions, suits, procedures, costs, damages, fines, penalties, and expenses, including but not limited to attorney's fees which arise in connection with my participation, without limit and whether caused by the acts or omissions of the Released Parties. This waiver, release, and indemnity agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under application of law and agree if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I agree that SCCD and JCCD may take my photograph or use my still or video image to promote SCCD and JCCD with no compensation due to me.

For children under 18: I give permission for my child, _____, to participate in all field activities, except as otherwise noted: _____.

Signature of participant or parent/guardian

Date

*Each volunteer/participant must sign and return this release form to the event coordinator prior to participating in any SCCD and JCCD sponsored activity. Please upload electronically or mail to: SCCD at 10541 Route 522, Middleburg, PA 17842.