

I hereby agree that I am going to participate in the volunteer program offered by Sudbury Valley Trustees and in consideration of being allowed to participate, agree that I alone will bear the risk of any personal injury or loss of personal belongings which occurs during or on account of my participation in the above outing, both for myself and for any minor children accompanying me.

I intend by this release and waiver to release Sudbury Valley Trustees as well as its officers and directors, both personally and in their representative capacities, from any claim for injury, damage, or loss, from any cause whatsoever, and I understand and acknowledge the significance and consequence of such specific intention to release all claims. I hereby assume full responsibility for any injuries, damages, or losses that I, or any minor children accompanying me, may sustain.

In case of an emergency, I understand every effort will be made to contact the person listed below. In the event they cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to administer emergency treatment, including hospitalization, anesthesia, surgery, or injections of medication.

By signing this, I authorize SVT to take my photo to use for publicity reasons. I agree that I am freely and voluntarily executing this release and waiver and that I have fully and completely read its contents.



Activity Name:		
Date (s):	Leader (s):	
Time:	Location(s):	Total Hours:

First & Last Name	Signature Approves Waiver -- If under 18, signature of parent/guardian	Address, Town, State	Email & Phone Number	Emergency Contact (Name & Phone)	Do you have any allergies or other medical conditions we should be aware of?

First & Last Name

Signature Approves Waiver --
If under 18, signature of
parent/guardian

Address, Town, State

Email Phone Number

Emergency Contact (Name & Phone)

Do you have any allergies or other medical conditions we should be aware of?

[illegible]