

University of Wisconsin-Madison
Lakeshore Nature Preserve
Youth Release of Liability

Time Period: _____ Project or Location: _____

As the parent/legal guardian of _____, I give my permission for him/her to volunteer for the Lakeshore Nature Preserve restoration program and learn about the ecosystems involved. Volunteer time shall be according to a schedule of hours, which is mutually agreed upon during the time span as indicated below. In consideration of my child's participation, I hereby release and discharge the Board of Regents of the University of Wisconsin System, their officers, employees and agents, from any liability for damage to or loss of personal property, sickness, injury or even death, from whatever source which might occur. I understand that their involvement in this program is strictly voluntary. Volunteers for these programs perform activities consistent with land restoration, including plant restoration and removal of invasive plant species, plant propagation (seed collecting, cleaning and planting and plant care and maintenance), and trail maintenance including "chipping". All volunteers receive training and safety equipment is provided, as appropriate. It is the responsibility of each volunteer to dress appropriately, including proper foot attire. Volunteers agree to abide by the appropriate safety procedures and to conduct themselves in a responsible manner. As the parent/legal guardian, I acknowledge that the University does not provide any kind of medical coverage, should he/she be injured as a result of this voluntary participation. I agree to be financially responsible for any medical expenses that might arise.

Signature of Parent/Guardian: _____

Date: _____

I understand that I am here voluntarily. I agree to conduct myself in a safe and responsible manner, asking questions if there is something I do not understand, and dressing appropriately to the activities in which I will be involved.

Signature of Participant

Date

Photo Release

By signing below, I give permission for photos and video recordings of me to be used in Lakeshore Nature Preserve publicity and volunteer recognition activities.

Name

Date

Parent or Guardian

Date