

Phone: \_\_\_\_\_

## COLUMBIA COUNTY VOLUNTEER PARENT/GUARDIAN PERMISSION AND WAIVER FORM

Name of Project/Location: _		Dates:	
This is a waiver. Please read and the parent or guardian the minor child to participat	certify that they hav	e read this waiver and h	
<ul> <li>out of or in any way r</li> <li>To assume and accep</li> <li>That participation in neither received nor</li> <li>To read, listen to an project;</li> <li>To use good judge participation in the p</li> <li>To recognize that the</li> <li>That they are physica</li> <li>That this waiver shannegligence claims, the any action or claim is such actions or claim</li> </ul>	related to this project of responsibility for all this activity is compexpect to receive any different based on phy roject if activities becaulty and mentally fit are all act as a complete at we might otherwise made, this waiver shalls.	risks arising from or related letely voluntary and the compensation for participate in compensation for participate and able to participate in the bar against all actions the have arising from or related to all claims made by	ting to this project; at the volunteer has pation; conjunction with this mediately terminate ficult; s at any time; nis project; or claims, including ated to this project. I d final dismissal of al
Volunteer Name:			<del></del>
Signature of Parent/Guardia	n:		
Street Address:			
City:	Stato	7in:	