

Youth Volunteer Information

Child's Name:	_____	_____	_____
	Last	First	M.I.
Birth Date	mm/dd/yy _____	Wt: _____	Ht. _____
		Male _____	Female _____
Parent or Guardian:	_____		
Home Address:	_____		
Home Phone:	_____	Business Phone:	_____
Family Physician:	_____	Phone:	_____
Address:	_____		
Family Dentist or Orthodontist:	_____	Phone:	_____
Address:	_____		

Do you carry medical/hospital insurance? _____ If yes, indicate carrier: _____

Policy or Group #: _____ Phone: _____

The following people are permitted to drop my child off or pick my child up:	
1. Name: _____	Relation: _____
2. Name: _____	Relation: _____
3. Name: _____	Relation: _____
4. Name: _____	Relation: _____

MEDICAL AUTHORIZATION

I hereby give my permission for non-prescription medication to be given to my child if deemed advisable by Audubon. The following non-prescription medication should not be given to my child:

I hereby give permission to the medical personnel selected by Audubon to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Audubon to secure and administer treatment, including hospitalization, for the person named above. I agree that I will be solely responsible for paying any costs associated with medical treatment. This completed form may be photocopied for trips.

Any directions to the contrary should be specified below and signed.

Parent's/Guardian's signature: _____ Date: _____

Emergency Contact Information

Contact #1

Contact Name	Relationship		
Home Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	Email Address		

Contact #2

Contact Name	Relationship		
Home Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	Email Address		

Contact #3

Contact Name	Relationship		
Home Address	City	State	Zip
Home Phone	Work Phone		
Cell Phone	Email Address		

If you are not 18 years of age or older, your parent or guardian must complete and sign the following statements.

Child's Name: _____ Program: _____
Date of Birth: _____ Program Leaders: _____
Site: Audubon Center in Greenwich Date of Participation: _____

Release of Liability by Parent/Guardian of Child Participant

As the parent and/or legal guardian of the child named above, I wish for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above (the "Program"), which may include in-the-classroom and outdoor field trip experiences. I understand that there are possible dangers associated with the Program, including but not limited to, _____

_____. I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I expressly release and hold harmless Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have on account of any loss, damage or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____ Print Name: _____
Address: _____ Date: _____

Release of Use of Image by Parent/Guardian of Child Participant

As the parent and/or legal guardian of the child named above, I wish for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above (the "Program"), which may include in-the-classroom and outdoor field trip experiences.

I agree that Audubon may use, reproduce, display, make derivative works and distribute any materials my child creates while participating in the Program ("Artwork"), or any parts thereof, in any and all media, including on the Audubon website and in Audubon magazine, and permit Audubon to use the Artwork in connection with fundraising appeals. Audubon's license to use the Artwork shall be perpetual, royalty-free and non-exclusive.

I agree and understand that recordings, which may include my child's image, appearance, voice, name and/or biographical material ("My Child's Likeness") may be made and/or produced at the Program. I hereby give Audubon permission to use, reproduce, duplicate, broadcast and distribute My Child's Likeness, in any and all media, including but not limited to the Internet, whether now known or hereafter devised, in perpetuity. I agree that I have no claim for compensation, that My Child's Likeness may be used in commercial or advertising materials, that My Child's Likeness may be edited at Audubon's sole discretion, and that I waive any right to inspect or approve the finished version.

I expressly release and hold harmless Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of My Child's Likeness (or any part thereof).

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____ Print Name: _____
Address: _____ Date: _____

Volunteer Confidentiality Agreement

Audubon Office: Audubon Center in Greenwich

Volunteer's Duties: _____

Audubon Project Manager: _____

In consideration of my participation as a volunteer in the National Audubon Society, Inc. ("Audubon") office described above, I state and agree as follows:

I shall treat as confidential all data, records and accounts, information, operations, policies, procedures, personnel, marketing plans or prospects and all other information, which becomes known to me through my activities hereunder and which is not otherwise in the public domain or rightfully obtained from another source. During the term and after termination of my services to Audubon, I shall not use or disclose any such protected information, except in accordance with the terms of this agreement or as required by law, regulation or court order. All records, reports, notices, valuations, lists, data and other documents prepared by me shall be the property of Audubon and I shall deliver any such documents to Audubon upon Audubon's request.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Sign Name: _____

Print Name: _____

Date: _____

Permission for Ongoing Participation in Volunteer Program

Child's Name: _____ Program: _____

Date of Birth: _____ Program Leaders: _____

Site: Audubon Center in Greenwich Date of Participation: _____

I/we, _____, the parent(s) and or legal guardian(s) of the above referenced volunteer, hereby grant permission for _____ to participate as a volunteer at the Audubon Center in Greenwich.

Volunteer (child) Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____