

Volunteer Assignment/Event:

I understand that there are risks of injury or death or damage to property involved in my child's participation as a volunteer, that it is my responsibility to ensure the safety of any equipment used and to see that it is operated properly, and that the Georgia Department of Natural Resources and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this volunteer assignment. In consideration of the acceptance of this registration by the Department and benefits derived from my child's participation as a volunteer, I/we waive and release the Department and its staff and representatives from any and all claims of damages against the Department and its staff and representatives for in connection with this agreement, and I agree to pay, protect, indemnify, and save the Department and its staff and representatives harmless from and against all liabilities, demands, costs, expenses, causes of action, suits, demands, judgments, and claims of any nature whatsoever arising from, by reason of, or in connection with injury or death of persons or damage to property arising from, by reason of, or in connection with my child's participation as a volunteer.

I grant the Georgia Department of Wildlife all rights to use my child's photograph in perpetuity for any and all marketing and public information campaigns engaged in by the department, and any and all publications, videos, Web sites or other printed or electronic materials produced by the department or its agents for the department's use and benefit. I understand that photos donated to the Georgia Department of Wildlife fall under the ownership of the Public Domain. I understand that, by granting the department these rights, I waive any claim or action of any nature arising as a result of, or in connection with, the photographic session and/or use of my child's photographic image.

I further warrant that my child's health and physical condition are sufficiently good to allow my child to perform this assignment without danger to himself/herself or to others.

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Parent/Guardian's Name (please print):		Street Address:
City:	State: Zip Code:	Phone:

Each Minor's (Under Age 18) <u>Name and Age</u> Must be Listed (Please Print)

I have read this entire form, including the health acceptance of risk, photo release, waiver release, and indemnification provisions. Signature: \_\_\_\_\_ Date: \_\_\_\_\_