VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)
PARENTAL CONSENT REQUIRED

I, ________________________________, being the parent or legal guardian of __________________________ (the “Minor”) hereby consent to and authorize the Minor to act as a volunteer for Heathcote Botanical Gardens. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by Heathcote Botanical Gardens and that failure to do so may result in the Minor’s immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor’s risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Heathcote Botanical Gardens, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor’s activities as a volunteer for Heathcote Botanical Gardens. I hereby release and discharge Heathcote Botanical Gardens, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

________________________________________  ______________________________________
Signature of Parent/Legal Guardian                  Date

________________________________________
Printed Name of Parent/Legal Guardian

________________________________________
Phone Number(s) for Emergencies

________________________________________  ______________________________________
Signature of Volunteer Coordinator or Designee                  Date

________________________________________
Printed Name of Volunteer Coordinator or Designee
VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)
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Volunteer Name: ____________________________________________

☐ Check here if Volunteer is under age 18

Contact E-mail (required): ______________________________________

Parent or Legal Guardian Email (required if Volunteer is under age 18): ____________________________________________

Address: ____________________________________________

Phone: ____________________________________________

Emergency Contact Name: ____________________________________________

Relationship to Participant: ____________________________________________

Phone Number: ____________________________________________

☐ Check here to receive the Heathcote Botanical Gardens Newsletter.

*VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM

*PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

Please return to: Heathcote Botanical Gardens (info@heathcotebotanicalgardens.org), or turn the form in personally to:
Heathcote Botanical Gardens, 210 Savannah Rd., Fort Pierce, FL 34982
772-464-4672