

PECONIC LAND TRUST



Youth Volunteer Agreement and Release Form (Parental Consent)

Policies Agreement

I have read and agree that my child will abide by the organizational policies established by the Peconic Land Trust, as outlined in the Volunteer Handbook. I confirm that my child has completed the required training and has been made aware of the assigned duties. We understand that any and all information shared with my child or that may be obtained about landowners, donors, employees and fellow volunteers of the Peconic Land Trust is confidential and shall not be divulged. We also understand that confidential information may not be copied, transcribed, recorded, or memorized in any manner, nor disclosed or used for any purpose other than for the limited purpose of providing the assigned volunteer services to Peconic Land Trust. We understand that volunteer status may be revoked if these policies are violated. I also acknowledge that my child's role is as a volunteer, and as such, no financial reimbursement will be received for services rendered.

Release Form

I, _____ agree that my child,
_____ can perform voluntary services for the Peconic Land Trust with the understanding that potential risk may be involved. I expressly assume the risk of injury or harm to my child from activities as a volunteer. I understand that my child is free to refuse participation in or to refuse to continue with any activities if he/she feels their personal safety is in jeopardy. My child agrees to notify Peconic Land Trust staff of any hazardous situation encountered.

I hereby release and agree to hold harmless Peconic Land Trust, its officers, directors, and employees of and from any and all liability arising from or in connection with my child's volunteer services to Peconic Land Trust including liability for injury, illness, death or property damage.

Further I understand that Peconic Land Trust does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of injury, illness, death or damage to property.

Photo Release

I give permission for photographs, images, video, or audio recordings of my child or any likeness or voice while volunteering to be duplicated and used by Peconic Land Trust for educational and/or promotional purposes.

Signature of Parent or Guardian

Date

Print Name

Relationship to Child

Emergency Contact Numbers