



**Permission Form**  
To be completed by parent or guardian prior to volunteering.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ Female  Male

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ Female  Male

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ Female  Male

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Volunteer project/location: \_\_\_\_\_

**Parent/Guardian Authorization**

- a) I give the above named minor permission to participate as a volunteer for Three Rivers Park District.
- b) I hereby release all pictures of my child taken by TRPD for promotional purposes and programming materials including the TRPD website.
- c) My child has permission to be transported by TRPD staff in a TRPD vehicle, school bus or other program vehicle unless notified in writing.
- d) In the event that my child needs immediate medical attention for injuries received while participating as a Three Rivers volunteer, I authorize the Three Rivers staff in its discretion to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed.
- e) I hereby acknowledge that Three Rivers will assume that either parent of the child may pick up the child at any time during the volunteer program unless there is pertinent court documentation on file at Three Rivers that indicates otherwise.
- f) I acknowledge that by participating in the volunteer program sponsored by Three Rivers Park District, my child may be exposed to certain risks, which could result in personal injury or property damage. I hereby assume such risks and hereby release Three Rivers Park District from any claims arising from these program activities.
- g) I understand that the volunteer program may involve strenuous outdoor activities and my child may encounter certain risks including, but not limited to, adverse weather conditions, uneven terrain, encounters with insects and other animals, etc., which may result in injury.
- h) In consideration of Three Rivers Park District providing my child the opportunity to participate in the volunteer program, I hereby agree to release and hold harmless Three Rivers Park District, its employees, volunteers and agents from claims of personal injury or property damage caused by the actions of Three Rivers Park District, it's directors, officers, employees, volunteers, or agents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:  
Three Rivers Park District Volunteer Office or to the staff member your child is working with.  
E-mail: [Volunteer@ThreeRiversParks.org](mailto:Volunteer@ThreeRiversParks.org) Fax: 763.557.4943 Phone: 763.559.6706  
12615 Rockford Rd., Plymouth, MN 55441 [www.ThreeRiversParks.org/volunteer](http://www.ThreeRiversParks.org/volunteer)