

**Parental Consent Addendum to  
Volunteer Field Contract**

I hereby represent that I am the parent or legal guardian of \_\_\_\_\_ (the "Volunteer"), who is a minor. With respect to the Volunteer, I understand that there is an inherent risk associated with participation in the \_\_\_\_\_ (the "Project") allowed by Salt Lake City Corporation (the "City"), including the Volunteer's voluntary participation in the Project I understand that such activities may result in personal injury, death, or loss of or damage to personal property.

I certify that the Volunteer is physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent the Volunteer's participation in the Project or increase the Volunteer's risk of injury and/or illness as a result of participating in the Project.

By my signature below, I hereby give my permission and consent for the Volunteer to participate in the Project.

On behalf of myself and my heirs and legal representatives, I hereby voluntarily assume all risk that may be associated with or result from the Volunteer's participation in the Project. I hereby waive and release, and agree to indemnify and defend, the City and its agents, officers, and employees from any and all responsibility, liability, claims, demands, actions and causes of actions whatsoever for any loss, damage, injury, illness, attorney's fees, legal or medical fees, or harm of any kind or nature to me or the Volunteers arising out of the Volunteer's participation in the Project.

I have carefully read and understand the contents of this document and know that by signing it I am giving up my right to sue the City and its agents, officers, and employees and am signing away any right of claim for damages sustained to any person while participating in or being transported to or from the Project.

I acknowledge that I am signing this document voluntarily and intend by my signature for it to be a complete and unconditional release of liability to the greatest extent allowable by law.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies the Volunteer has and whether they will have an EpiPen/ other medication with them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_