

If you are between the ages of 14 and 18 and wish to become a volunteer at the Missouri Botanical Garden or any of our locations which includes the Sophia M. Sachs Butterfly House, EarthWays Center, Gateway Greening, Litzsinger Road Ecology Center, and Shaw Nature Reserve, please ask your parent/guardian to complete this form, and return with your completed volunteer application to:

Missouri Botanical Garden
Volunteer Program Office
P. O. Box 299
St. Louis, MO 63166

To the Parent/Guardian: We value your child's intention to become a volunteer with the Missouri Botanical Garden and appreciate your support of your child's commitment.

I, being the parent or legal guardian of _____ (“the Child”) give my consent and permission for the Child to volunteer with Missouri Botanical Garden (“the Garden”).

MEDIA RELEASE. I hereby agree and give my permission for the Garden to record, film, photograph, audiotape, or videotape the Child's name, image, likeness, spoken words, student work, performance, and movement in any form, and to display, publish, distribute, or exhibit for purpose of and in connection with any material that may be created by the Garden.

RELEASE. As consideration for the Garden's decision to allow the Child to act as a volunteer for the Garden, I hereby fully and forever release and discharge the Garden, its affiliates, members, directors, officers, employees, agents, and representatives (collectively, the “Releasees”) from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorneys' fees) **that are caused by negligence or fault on the part of any of the Releasees** in connection with the Child's volunteering with the Garden or as a result of or during any of the Releasees' administering of first aid to the Child or any of the Releasees' seeking of medical care for the Child. Furthermore, I agree that this Form shall be governed in every respect by the laws of the State of Missouri. This release of liability does not purport to release the Releasees from liability for intentional torts, gross negligence, or activities involving the public interest.

EMERGENCIES. In the event that the Child becomes ill or is injured during the program, I authorize the Garden to administer simple first aid. Furthermore, I authorize the Garden to seek medical care for the Child in the event that a medical emergency arises involving the Child; however, I understand that the Garden will attempt to contact me in advance of seeking such emergency treatment.

I have read this Parent/Guardian Consent Form and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____