

Arizona Sustainability Alliance (AZSA)**Youth Volunteer Participation Waiver and Media Release****Assumption of Risk and Waiver of Liability**

I, _____ (parent or guardian's name), give permission for my child or legal ward, _____ (child or ward's name), to volunteer in this event. I understand that my child's volunteer relationship with AZSA is limited to a volunteer role, that no compensation is expected for their services, and that AZSA will not provide any employee benefits or insurance coverage, and that I am responsible for my child or ward's own insurance coverage in the event of illness or personal injury resulting from their participation.

I understand that AZSA volunteer activities may involve physical tasks or other risks, including but not limited to lifting, digging, transportation to and from project sites, or potential exposure to illness.

I hereby assume the risk of bodily injury, illness, death, medical treatment and property damage resulting from my child or ward's volunteer activities as of _____ (date), even if resulting from the negligence of AZSA or its officers, directors, employees or agents. I hereby release, discharge and agree to indemnify and hold AZSA harmless from, and waive on behalf of myself and my heirs and personal representatives and my child or ward, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to my child or ward and/or property that may be caused by any act, or failure to act of AZSA, or that may otherwise arise in any way in connection with any voluntary activities with, or for AZSA. I understand that this release discharges AZSA from any liability or claim that I or my heirs, personal representatives, or minors I am responsible for may have against AZSA with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my child or wards volunteer activities. This liability waiver and release extends to AZSA together with all its officers, directors, affiliates, employees and agents. I agree that this release will be governed by Arizona law and that the exclusive venue for any dispute arising from this release will be the Maricopa County Superior Court sitting in Phoenix, Arizona.

Photo and Media Release

I give AZSA permission to take and use photos, video, and audio recordings of my child during this event. AZSA may use this media in printed materials, publications, websites, social media, and other communications that support its mission.

I understand that this media may be edited, published, shared, or licensed by AZSA for lawful nonprofit use. I give up any right to compensation and waive the right to review or approve how my child appears in the final content. I also agree that AZSA will own the rights to this media and is not required to return any materials.

This permission includes both individual and group photos in which my child may appear. I understand this release does not expire and applies to future AZSA communications.

☐ Check here if you do **NOT** consent to your child being photographed or recorded

Health and Safety Acknowledgment

I understand that participation in AZSA activities requires being in good health and able to safely perform expected tasks. I agree that my child or ward will not attend if they are feeling unwell or showing symptoms of illness that could put others at risk.

Code of Conduct and Inclusion Statement

AZSA is committed to providing a safe, respectful, and inclusive environment for all volunteers, staff, and participants. Discrimination or harassment of any kind, including based on race, ethnicity, religion, gender identity, sexual orientation, age, disability, or any other protected category is not tolerated at AZSA events.

All youth participants are expected to act respectfully toward others. Behavior that is unsafe, inappropriate, or violates this code of conduct may result in removal from the activity.

Event Video Viewing

I acknowledge that my child or ward has viewed the video(s) listed below and will follow the instructions stated in the video(s).

- [Virtual Tree Planting Demonstration with Arizona Sustainability Alliance](#)

Medical Acknowledgement and Release

I give AZSA permission to contact medical services in case of any emergency for my child in the case that I am not in attendance of the event. I further attest that my child or ward has no allergies or special medical needs other than those listed here:

Allergies or Medical Needs (write "none" if not applicable): _____.

Youth Age Requirements and Restrictions

If my child or ward is under 15, I agree that I or a designated chaperone will accompany my child to the volunteer event. I understand that some tools and activities may not be allowed for youth under 15 for safety reasons.

Signature(s)

I understand that this waiver may be signed electronically and that my electronic signature will have the same force and effect as a handwritten signature. This includes scanned signatures or digital signatures submitted by email or other secure means.

Youth Volunteer:	Parent or Legal Guardian:
Printed Name: _____	Printed Name: _____
Signature: _____	Signature: _____
Age: _____	Relationship: _____
Organization/School: _____	Address: _____
	City/State/Zip: _____
Dated: _____	Email Address: _____
	Phone #: (____) ____ - ____
	Dated: _____

Emergency Contact (if different from above)

Name: _____ Relationship: _____ Phone #: (____) ____ - ____