

**Salt Marsh Planting in Lower Narrow River: May 2017**  
**Town of Narragansett - Narrow River Preservation Association**  
**MINOR Volunteer/Participant Registration and Waiver Form**  
**For Volunteers/Participants under 18 years of age**

Please return to NRPA at P.O. Box 8, Saunderstown, RI 02874 Email: [nrpa@narrowriver.org](mailto:nrpa@narrowriver.org)

**Minor Volunteer/Participant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Emergency Medical Attention Information**

Medical Concerns: Please identify and describe any and all medical/physical conditions which Town of Narragansett and Narrow River Preservation Association ("TON and NRPA") should be aware of, including, but not limited to, any health conditions that would preclude the above named minor from participating in any physical or other activities, any dietary restrictions, allergies, chronic health conditions, and or medications.

\_\_\_\_\_ (add to back of form if necessary)

**Emergency Contacts: Please list two emergency contacts and doctor information below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Primary Doctor/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, being the parent, legal guardian of \_\_\_\_\_ a minor, do hereby consent to his/her participation in voluntary projects, events, and programs sponsored and/or organized by TON and NRPA. I hereby give my permission for TON and NRPA to transport my son/daughter on such functions. I understand that he/she is responsible for his/her actions and behavior and will only perform volunteer work or participate in activities that he/she is capable of and comfortable doing. Having read this waiver, knowing these facts and in consideration for the acceptance of this minor child's participation in TON and NRPA's organized and/or sponsored projects, events and functions, I, for myself and my heirs, assigns and representatives, do hereby waive, release and hold harmless TON and NRPA, their officers, directors, employees, members, agents, service partners, and/or sponsors, from any and all claims or liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my son's/daughter's participation in TON and NRPA organized and/or sponsored projects, events or functions, including, but not limited to, all claims for expenses, personal injury, loss or damages incurred as a result of such participation. I also authorize TON and NRPA to give my child first aid when either deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of accident or illness, I grant TON and NRPA the power the power to authorize emergency medical attention for my child, and I authorize and consent to the administration of drugs, tests, anesthesia, and/or blood transfusions to my child that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of my child to the hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Informed Consent for Minor Volunteer/Participant Representation in Publications**

I grant permission for TON and NRPA to use any photos, film, digital imaging, videos, verbal and written statements of my minor child volunteer/participant or his/her likeness for promotional, web usage, or other uses by TON and NRPA either associated with the project, event, function, or otherwise. I hereby agree to allow TON and NRPA to use any photograph and/or likeness of my child at any time during his/her participation in the project, event or function or thereafter. I hereby agree to allow TON and NRPA to use any photograph image and/or likeness of my child at any time during his/her participation in the project, event or function without my prior approval. I acknowledge and agree that I will not receive any compensation for the use of such materials, and I hereby waive any and all claims to such compensation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_