

Guardian Consent

Return completed form to: New York-New Jersey Trail Conference 600 Ramapo Valley Road, Mahwah, NJ 07430

Ph: 201.512.9348 email: volunteer@nynjtc.org

CONTACT INFORMATION		
Full Name of Minor (print):		
Full Name of Parent/Guardian (print):		
Street:		
City:	State:	Zip:
Primary Phone:	Email:	
ACKNOWLEDGMENT AND CONSENT		
precaution to ensure a safe, enjoyable work experience for ou dangers. The Trail Conference relies on mature, responsible von Accordingly, it is our policy to require the execution of this Guander the age of 18. Please acknowledge your consent and age	lunteers, capable of working with indicate and an arrival ardian Consent Form by a parent or reement to the following by signing	minimum supervision. r guardian of volunteers g below:
I am the parent and/or legal guardian of,		(please print), who
I understand that my child may be limited from certain activiti		ored by the frail conference.
On behalf of said minor, I expressly waive any claim for compensation for work done and hereby release the Trail Conference from any liability for illness, injury or medical expenses sustained by said minor while volunteering with the Trail Conference—beyond what may be offered freely by the Trail Conference. If injury does occur I give consent for emergency or other medical treatment to be administered to said minor. I further agree to personally indemnify the Trail Conference and hold the organization harmless from any loss sustained by reason of any illness or injury to said minor while volunteering for the Trail Conference.		
Signature of Parent/Guardian	Date	