

**DREXEL UNIVERSITY OR THE ACADEMY OF NATURAL SCIENCES of DREXEL UNIVERSITY
VOLUNTEER**

**PARENT / GUARDIAN
CONSENT, LEGAL RELEASE & EMERGENCY FORM**

I grant permission for my child (**Print Full Name**) _____
to participate as a volunteer at Drexel University or at the Academy of Natural Sciences of Drexel University.

I acknowledge that my child is participating in this with my permission and that my child and I have read, understand and accept the rules and standards of conduct for the Volunteer experience.

I represent that my child is physically able, with or without accommodation, to participate as a volunteer as described to me and my child. I understand that there are potential risks and also understand that the following controls will be taken to minimize risks: safety training, supervision by faculty host/supervisor, use of appropriate protective equipment if required. I understand and I agree to assume for myself and my child all risks involved in my child's participation as a volunteer.

In consideration of Drexel University or the Academy of Natural Sciences of Drexel University providing the opportunity for my child to participate in this volunteer experience, I voluntarily release and hold harmless Drexel University or the Academy of Natural Sciences of Drexel University, its trustees, officers, faculty, employees, students and agents from any and all claims, causes of action, injuries, costs, expenses (including attorneys' fees), liabilities, damages or losses of any kind that may arise from or relate to my child's participation as a volunteer or from travel to or from the Academy of Natural Sciences of Drexel University.

Should my child require emergency medical treatment as a result of accident or illness arising during the volunteer experience, I consent to such treatment and admission to an accredited hospital or emergency care center if necessary for the provision of such treatment. I acknowledge that the Academy of Natural Sciences of Drexel University does not provide health and accident insurance for the volunteer participants, including my child, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. In case of emergency, please contact me at: telephone number (including area code) _____
_____ ext. _____.

In signing below, I acknowledge that I have read and understood the foregoing, and I agree to be legally bound by it.

Printed Name of Parent / Guardian

Date

Signature of Parent / Guardian