



Minor Consent Waiver

Volunteers under 18 who are not accompanied by a parent or legal guardian must bring a signed waiver to the Project Leader on or before their first day of volunteering. A parent or legal guardian of each minor volunteering must read and agree to the following:

I understand that my minor child or ward, _____, is voluntarily spending time as a volunteer for the **San Francisco Botanical Garden Society (SFBGS)**, a nonprofit charitable organization, and a community service organization in the Bay Area. I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on their behalf. I attest that my child or ward is physically fit and prepared for this event and all related activities.

In connection with my child or ward's voluntary involvement in activities for The San Francisco Botanical Garden Society, I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharge Releasees from all claims, demands and actions for injuries or death sustained to my child or ward and/or damage to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or ward's involvement in such activities, whether or not resulting from my child or ward's negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releasees harmless from any cause or action, claim or suit arising there from.

I attest that my child or ward's attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk. By signing below, I am agreeing to all stipulations as stated above.

Name: _____

Signature: _____ Date: _____



Photo & Identifying Information Release (For individuals under 18)

I, _____ (parent's or legal guardian's name, please print), am the parent or legal guardian of the Subject Minor named below, and I hereby grant The San Francisco Botanical Garden Society, a California nonprofit corporation ("Garden") the absolute right and permission to use photograph(s) of my son daughter minor child for whom I am legal guardian for internal and external purposes including for example, in its promotional materials and publicity efforts.

I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or any other form of internal or external publication or promotion. I acknowledge the Garden's right to crop, alter or treat the photograph in any manner at its discretion. I also acknowledge that the Garden may choose not to use the photo(s) at this time, but may do so at its own discretion at any later date. I agree that neither I nor the Subject Minor is entitled to compensation or acknowledgment of any type in connection with any Garden use of the photographs. I further understand and agree that, in conjunction with the photographs or other media, the Garden (initial one of the following and fill in the name of the grantee school or organization):

May disclose the Subject Minor's affiliation with _____
 May not disclose the Subject Minor's affiliation with _____

I and the Subject Minor named below hereby release and discharge the Garden, the photographer, their directors, officers, employees, agents, and designees from and agree not to sue the foregoing for any and all claims, liability, injury or loss in connection with such use, including, without limitation, any claims for defamation, invasion of privacy, violation of right of publicity or other violation of any personal or proprietary right I or we may have. I am over 18 years of age, understand the content of this release, and agree that this release is binding upon me, the Subject Minor named below and the heirs, legal representatives and assigns of each of us.

Name: _____

Signature: _____ Date: _____



San Francisco Botanical Garden Society Emergency Information Form for Minors

Participant Name _____

Home Phone: _____ Cell Phone: _____

Address: _____ Date of Birth: _____

List any specific medical concerns or conditions, including allergies and medications:

Can participant be taken to the nearest medical facility? Yes No

If no, please specify the facility s/he should be taken to:

Facility: _____ Address: _____ Phone: _____

Does the participant have healthcare insurance? Yes No Name of Carrier: _____

Policy Number: _____ Primary Care Physician (if any): _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship to Participant: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

IN THE EVENT OF A WORKPLACE INJURY, THE FOLLOWING PROCEDURES WILL BE FOLLOWED:

If the injury is an emergency, SFBGS staff will call 911 or take the intern to the nearest emergency room, and inform medical personal that the injury is work-related. SFBGS' workers compensation procedures and forms will be followed.

If the injury is not an emergency, SFBGS staff will escort the intern to either the Kaiser Occupational Health Clinic or pre-designated doctor (see section above). Follow up care will be handled by the Kaiser clinic or pre-designated doctor.

Kaiser Occupational Health Clinic Locations:

For Injuries Occurring Before 5:00pm: 601 Van Ness Avenue, Mezzanine Level 2008, (415) 674-7000

For Injuries Occurring After 5:00 pm and weekends: 2238 Geary 3rd floor, (415) 833-2291

*** should the need occur, I authorize SFBGS staff, and/or medical personnel to act in accordance with the above instructions and, where services needed are not addressed above, to exercise their best judgment in providing appropriate service.

Youth signature: _____ Date: _____

Parent/Guardian Signature (required if youth under 18): _____

Parent/Guardian Name: _____ Date: _____