

YOUTH VOLUNTEER PERMISSION FORM

I, the parent or legal guardian of the minor volunteer, understand, acknowledge, and agree that in consideration of being allowed to participate in the Matthaei Botanical Gardens & Nichols Arboretum (MBGNA) Volunteer Program:

- I am aware that my child may be exposed to personal injury or damage to his/her property as a result of his/her activities, the activities of other persons or the conditions under which my child's services are performed while participating in a MBGNA volunteer workday.
- With full knowledge and understanding, I agree to accept any and all risks of injury, damage, or death and I release the University of Michigan / Matthaei Botanical Gardens & Nichols Arboretum, its directors, employees, and volunteers from any and all liability arising out of my child's participation as a volunteer.

VOLUNTEER GROUP NAME (if any): _____

YOUTH VOLUNTEER NAME (PRINT): _____

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT _____ TELEPHONE _____

Signed forms may be submitted to MBGNA Staff on the day of volunteer event OR mailed/faxed in advance of volunteer participation:

Volunteer Coordinator
Matthaei Botanical Gardens & Nichols Arboretum
1800 N. Dixboro Rd. Ann Arbor, MI 48109
FAX (734) 998-6205
TEL (734)647-8528