



Student Waiver

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

A parent/guardian must read the following agreement and sign below:

In connection with my child's voluntary involvement in activities at Nature At The Confluence, a non-profit charitable organization, I hereby agree on behalf of my child to release and discharge Nature At The Confluence, Inc., the City of South Beloit and any partnering agency or school, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained and/or property damaged as a result of their involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Nature At The Confluence, Inc., the City of South Beloit and any partnering agency or school, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, and that my child is participating at their own risk, and that I have read the foregoing terms and conditions of this release. I also confirm that my child has no reason due to health or other conditions that would negatively impact his/her ability to participate in this program. Furthermore, I grant permission for photographs, video and quotations during my child's involvement with Nature At The Confluence to be used to further promote the organization's work.

As parent/legal guardian, I give permission for this under-aged individual to participant in a program at Nature At The Confluence and comply with the above Waiver of Liability.

Signed: _____ Date: ____/____/____

Parent/Guardian Printed

Name: _____