DEPARTMENT OF ENVIRONMENT AND CONSERVATION
BUREAU OF CONSERVATION
Davy Crockett Tower
500 James Robertson Parkway., 8th Floor
Nashville, TN 37243

# PARENT OR GUARDIAN CONSENT FORM

**Name of Minor Child:** _____

**Name of Parent or Legal Guardian:** _____

**Address:** _____

**E-Mail:** _____ **Phone:** _____

**Site/Park Name:** _____

**Activity:** _____ **Date of Activity:** _____

**Emergency Contact Name & Phone:** _____
*(If different from Parent or Legal Guardian)*

As parent or guardian, I agree to allow my minor child or minor child for whom I have legal responsibility ("my minor child") to participate in activities (the "Activities") through the Department of Environment and Conservation ("TDEC"), its employees, agents, partners, and co-sponsors. I further agree to the following:

## VOLUNTEER RELATIONSHIP

If my minor child is volunteering, I understand he or she is not a contractor, employee, or agent of the State. I understand he or she is not entitled to receive any compensation or State employee benefits such as insurance, workers' compensation, or paid leave. I understand that TDEC staff will plan, coordinate, and manage the Activities.

## ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that my minor child is voluntarily participating in the Activities. Activities may occur in settings such as high bluffs, steep hills, ridges, logging roads, ditches, and along streams, lakes, and rivers. Risks include: slips, falls, drowning, sunburn, dehydration, heat exhaustion, heat stroke, hyperthermia, frostbite, hypothermia, and injury from plants or animals. Accidents may occur during travel in vehicles to and from Activities sites. Some of these risks exist even if the Activities take place primarily indoors. I understand this is not a complete list of risks.

## PHOTOGRAPHIC RELEASE

I grant TDEC permission to capture and use my minor child's likeness or image arising from the Activities in any of its publications, whether in print, electronic, or video format, in perpetuity.

## MEDICAL TREATMENT

I give TDEC permission to obtain or provide medical treatment for my minor child, if necessary. I accept financial responsibility for this medical treatment. I also agree not to bring against the State any claim which arises from any medical services given to my minor child during the Activities.

**My signature below indicates that I have read the entire document and understand it completely and I agree to its contents.**

_____ _____

**Signature of Parent or Legal Guardian** **Date**

**Staff should return this form to Central Office via email at tsp.volreg@tn.gov**