



Junior Naturalists – Release Form 2024/2025

PERMISSION TO take Photographs/Video

In the event that photographs may be taken of myself or my child/ren during the course of participating in the Junior Naturalists Program I _____
(parent/guardian name)

(please CIRCLE ONE)

DO GIVE permission DO NOT GIVE

permission for these photos/video to be displayed or publicized at a later date.

Signature of Parent/Guardian

Date

WAIVER AND ASSUMPTION OF RISK

I, _____ consent to have _____
(Parent or Guardian's name) (child(ren)'s name (s))

Participate in the above noted program, hosted by Saugeen Valley Conservation Authority. As part of registering this (these) child/ren, **I hereby agree as follows:**

1. I acknowledge that there are inherent risks associated with this activity and that my child could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself or my child.
2. To save harmless and keep indemnified the Saugeen Field Naturalists and their respective agents, official servants and representatives against all claims and actions, costs and expenses and demand, in respect of injury, loss or damage or death to myself or my child's person.
3. That I acknowledge that in this situation volunteers are involved in supervising this activity and I shall accept the responsibility of observing my child's participation in this activity and should have any objection to the manner in which my child or myself are being supervised or instructed, I accept the responsibility to remove myself or my child from this activity.

This agreement shall be binding upon myself, my heirs, executors and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

(Witness signature)

(date)

(Parent or Guardian's Signature)