



FRIENDS YOUTH PERMISSION & LIABILITY WAIVER

All volunteers under age 18 who are not accompanied by a parent or guardian must bring a signed copy to this form to the event.

By Signing Below...

- I agree that hiking, biking, paddling, weed pulling, vegetation cutting, trash clean-up, and other outdoor activities may have inherent risk and I assume full responsibility for my own safety and the safety of others in my group (including any dependents here with me today).
- I agree to hereby release, forever discharge, indemnify, and hold harmless Friends of the Columbia Gorge and Friends of the Columbia Gorge Land Trust and all its employees, volunteers, and other agents from any and all liability for injuries that may be sustained during this outing or traveling to & from this outing.
- I agree that I am responsible for my own medical and evacuation expenses, whether or not I am able to authorize them, in the case of any illness, accident, or other incapacity.
- I agree to follow instructions and guidance from Friends outing, work party, or outdoor activity leaders and shepherds during the outing and understand that my leaders may decline my participation if I'm deemed incapable of safely completing the outing, including if I'm not properly equipped.
- I agree that I did not bring any intoxicants, firearms, or pets (with the exception of dog-friendly outings).
- I agree and understand that on a stewardship work party outing, I accept the responsibility of using hand or motorized construction tools or may be working in the proximity of such tools when used by others that may cause injury or illness in remote places without medical aid. I also may be lifting and working on narrow and steep trails where unforeseen events caused by the forces of nature could occur.
- **PHOTO RELEASE:** I agree and understand that Friends of the Columbia Gorge may take photographs and/or film images of students and volunteer activities. I grant permission for Friends to use visual images of and quotations from my child for the purpose of Friends communications and public education efforts. In granting permission, I understand the images may appear in a variety of forms, including but not limited to magazines, newspapers, books, brochures, newsletters, television, advertisements, social media, and the Internet. I also release Friends from any and all claims arising out of, or in connection with, the use of this material including any and all claims for libel.

COVID-19 Addendum

I agree that:

- If I feel ill or unwell, I will cancel my participation.
- I will respect others decisions to mask or socially distance during the event.
- I will follow any applicable federal, state, county or Friends COVID-19 safety guidance during the course of this outing; and
- I understand that the COVID-19 virus has a long incubation period, and that other participants or people encountered during this active may have the COVID-19 virus and not show symptoms.

Event Location: _____ Event Date: _____

Participant Name: _____ Date of birth: _____

Parent/Guardian Signature *(Required if under the age of 18)*

Print Parent/Guardian Name

Emergency contact

Relationship

Phone Number