



30265 Tomas, Rancho Santa Margarita, CA 92688

Parental Consent Form

I, the parent or guardian of _____, give my voluntary consent to his/her participation in the Wyland Foundation Volunteer Events, on _____. I hereby release the Wyland Foundation, the State of California, the Board of Directors, all partners, and their officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to: medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary. Furthermore, I release the Wyland Foundation, the State of California, the Board of Directors, all partners, and their officers, employees, agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Cell # : () _____ - _____