



## Permission for Teen to Volunteer at Riveredge Nature Center

Date \_\_\_\_\_

I give my child, \_\_\_\_\_

permission to volunteer at Riveredge Nature Center. I am aware of all the risks and dangers associated with my child volunteering. I agree that Riveredge Nature Center, their employees, volunteers, and partners shall not be legally or financially responsible for any loss, injury, or damage resulting from any cause including negligence of any party.

I personally assume all risks associated with my child volunteering.

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**Signature of Parent or Guardian**

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**Print name of Parent or Guardian**