

**Solid Ground Minor Medical Treatment / Hold Harmless Agreement**

*Please read, complete, and return to the Volunteer Coordinator or program staff member* ***before*** *your first volunteer activity.*

Minor’s Full Name

Volunteering Location/Program

***Medical information:***

Parent / Guardian Name

Home Phone Work Phone/Cell Phone

***In case of an emergency, please contact:***

1)

Name Phone

2)

Name Phone

I hereby give permission that the above minor may be given basic first aid treatment as needed by staff members at Solid Ground. I recognize that participation in outdoor gardening activities, peer tutoring, and other volunteer projects, even when well supervised and managed, pose a risk to my child, and I agree to assume such risk on behalf of my child.

In the case of injury, I authorize Solid Ground staff to administer basic first aid and/or obtain whatever medical treatment they deem necessary for the welfare of my child. I further agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

I, the undersigned, hereby hold Solid Ground, its employees, and agents harmless from liability for any and all medical and/or accident expenses that my minor child may incur during his/her involvement in Solid Ground volunteering activities. I have read, understand, and agree to these terms and conditions.

Parent / Guardian Signature: Date: ­­­

***Questions regarding this waiver?***

Please contact Solid Ground’s Volunteer Coordinator at **206.694.6825** or [**volunteers@solid-ground.org**](mailto:volunteers@solid-ground.org).