



Solid Ground Minor Medical Treatment	/ Hold Harmless Agreement
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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:	
Name	Phone
2) Name	Phone
members at Solid Ground. I recognize that p	or may be given basic first aid treatment as needed by staff articipation in outdoor gardening activities, peer tutoring, and pervised and managed, pose a risk to my child, and I agree to
medical treatment they deem necessary for	d staff to administer basic first aid and/or obtain whatever the welfare of my child. I further agree that I will be financially in the rendering of said treatment, regardless of whether my s and fees.
medical and/or accident expenses that my m	d, its employees, and agents harmless from liability for any and all ninor child may incur during his/her involvement in Solid Ground and, and agree to these terms and conditions.
Parent / Guardian Signature:	Date:

Questions regarding this waiver?