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| To: | The Ohio Pollinator Habitat Initiative |

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| Event: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Volunteer Position: |  |

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| Participant: |  |

I understand that participation in the above event or position may include tasks or actions that could be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or position. I release the Ohio Pollinator Habitat Initiative from all liability, costs, and damages which may arise from participation in the above event or position.

If the participant is a minor, I confirm that the minor has my consent to participate in the event or position. I further provide my consent for the Ohio Pollinator Habitat Initiative to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to the emergency treatment.

**Sign here if the participant is an adult.**

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| Signature of Participant: |  | Date: |  |

**Sign here if the participant is a minor.**

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| Name of Parent or Guardian: |  |

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| Signature of Parent or Guardian: |  | Date: |  |