

Indiana Department of Natural Resources
Division of State Parks & Reservoirs
Youth Volunteer Service Agreement
(Parental/Guardian Consent)

It is mutually agreed that the below named individual(s) will assist and work with the Department of Natural Resources during a period of time beginning on or about

_____, _____.
Month and Day Year

I agree and permit my son / daughter to participate as a volunteer for the State of Indiana at (write in property name) _____. I understand I may be held accountable for my son's / daughter's actions while they are volunteering. I understand that there are certain risks inherent in participation in this program, including but not limited to, exposure to insects and other wildlife, poisonous or prickly plants, temperature and weather changes, uneven terrain, etc. By my signature below, I and my child(ren) assume any and all risks associated with participation in this program and understand that my child(ren) will receive no payments or remuneration for said volunteer work and that I and my child(ren) are exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standard Acts. I further understand that if I or my child(ren) is / are injured while working for the State of Indiana as a volunteer, Worker's Compensation will be the sole and exclusive remedy for any such injury. I certify that to the best of my knowledge my child(ren) is / are free of any health problems which would endanger him / her while participating in this program.

Child's Name (Printed)	Age	Parent/Guardian Signature(required for each child)
		Address
		City, State, Zip
		Daytime Telephone

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- more on back if needed -

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