## Trees Matter & SRP YOUTH WAIVER FORM

Youth Name:	
Parent or Guardian Name:	
Address:	
City/State/Zip:	Emergency phone:
Organization/School:	
with the participation and support of Tragree, for myself, my heirs, assigns, exertines Matter and Salt River Project Agriculty Water Users' Association (togeth officers and directors, employees, agerfor injuries sustained to my child or war involvement in such activities, whether and hold Trees Matter and SRP and the employees, agents and volunteers harr of such activities, whether or not resulti involvement in such activities is voluntated that I have read the foregoing terms and permission for photographs, video and involvement with Trees Matter and SRP programs and events, including on soci	coluntary involvement in activities undertaken for, and ees Matter, a non-profit charitable organization, I hereby ecutors, and administrators to release and discharge cultural Improvement and Power District, Salt River er, "SRP") and their affiliated companies, and their ts and volunteers from all claims, demands and actions d's person and/or property as a result of his/her or not resulting from negligence, and I agree to release ir affiliated companies, and their officers and directors, aless from any cause or action, claim, or suit arising out ng from negligence. I hereby attest that attendance and ry, that he/she is participating at his/her own risk, and d conditions of this release. Furthermore, I grant quotations of or from my child or ward during his/her to be used to further promote volunteerism and/or SRP al media outlets such as Facebook, Twitter, or Instagram. For ward may work with SRP Customer Information and
Trees Matter expressly and specifically not be limited to; moving supplies, mo cleaning, working with adults, and work take my child or ward to the hospital in	ward to participate in all activities in the program of acknowledging that those activities may include, but may ving trees, setting-up, landscaping, sorting donations, sing with children. I also give Trees Matter permission to case of any emergency and to administer medication est that my child or ward has no allergies or special pelow:
Parent/Guardian Signature	 Date