



## Delaware National Estuarine Research Reserve Parental Consent Form

**Volunteer Activity:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's or Children's name and age:

_____	_____
_____	_____
_____	_____
_____	_____

Parent/ Legal Guardian's Name: \_\_\_\_\_

By signing this form, I, the parent or legal guardian of the child or children named above, consent to my child's or children's participation in the volunteer activity described above.

I certify that my child(ren) are fully capable of participating as a volunteer without compensation and has my permission to be assigned and participate as a volunteer in this activity. I understand the risks involved with being a volunteer and acknowledge that neither the State of Delaware, nor the Department of Natural Resources and Environmental Control, the Delaware National Estuarine Research Reserve, nor any state employee or volunteer leader, will assume any financial liability for injury or illness that might occur during or as a result of my child(ren) volunteering in this activity.

\_\_\_\_\_  
Parent or Legal Guardian Signature(s)

\_\_\_\_\_  
Date