



Emerald Coast Science Center
31 Memorial Parkway SW, Fort Walton Beach, Florida 32548
850-664-1261 | www.ecscience.org

VOLUNTEER AGREEMENT

I understand that as a volunteer I am not entitled to monetary compensation for the work I am performing or to workers compensation or group benefits in the event of injury. Please sign below.

(Must be signed by a Parent/Guardian if under 18)

Volunteer: _____ Date: _____

Parent or Guardian: _____ Date: _____

MEDIA RELEASE

Please read and sign the following optional media release:

The Emerald Coast Science Center may use photography and videos of me or my dependants for education, public relations and marketing purposes related to the Emerald Coast Science Center in all forms of media.

(Must be signed by a Parent/Guardian if under 18)

_____ Participant Name

_____ Signature _____ Date

_____ Printed Name (If different from Participant)