

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

Volunteer Form and Waivers

Volunteer Name:		
Person to be contacted in	case of an emergency:	
Relationship:	ationship: Daytime Phone:	
If volunteer is under 18:		
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Daytime Phone:		
	HEALTH & MEDICAL WAIVER	
participant activities. I consent to any employee, Personnel") to seek medical attention an accident, sudden illness, or other of ECSC Personnel. I further underst contact in the case of an accident, su treatment, and for any care or treatment. I release the ECSC and all ECSC Personnel.	(Printed Name) is physically fit and able agent, or other personnel affiliated with the Emerican and treatment or other measures deemed necession condition that occurs while the Participant is in the cand that ECSC Personnel will make reasonable adden illness, or other condition, but I authorize EC ent to be administered, such, care, treatment, or of sonnel from and of any liability for such decision ligence and agree to pay all costs and fees for cal Authorization.	erald Coast Science Center ("ECSC ssary or advisable in the event of the care or under the supervision efforts to notify the emergency CSC Personnel to seek such care of other measures.
Printed Name	 Signature	Date
	NEGLIGENCE WAIVER	
During (year), this program may involve the use of sh candles, and other ignitable materials	arp dissection tools, household and commercial ch	
In consideration of being allowed to pa	articipate in the Activity, I the undersigned, agree	as follows:
("Released Parties") from any and all of from or in any way relate to the Activi	e Emerald Coast Science Center, its Board of Director claims, losses, liability expense, of whatever nature ty. I understand that this release includes any clain the Released Parties from and against any and all co e Activity.	e, that I may have which arise ms based on negligence. I further
(Must be signed by a Parent/Guardian	n if under 18)	
Printed Name	 Signature	 Date



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VOLUNTEER AGREEMENT

______Signature ______ Date

Printed Name (If different from Participant)