



Participant is a (check one):	Student	Teacher	Adult Chaperone		
Participant First / Last Name					
Birthdate (Month/Day/Year)					
School Name	Zip Code				
Emergency Contact Name and	Phone Number	er:			
Have you participated in a prog	gram with us b	efore? Circle	one: Yes No		
I, the undersigned, give permission for rorganized by the Gowanus Canal Conseminor child/ward, to the following: 1. I acknowledge that there are datequipment and the presence of of myself and my child/ward, the liability, damage, claim and demparticipation in any project organourselves.	ervancy, Inc. (the "ongers and risks asshazardous materials GCC, its directors and of any kind whized by the GCC,	GCC"), and unders sociated with volun ls); and I hereby re , employees, volun atsoever arising fr and knowingly ass	stand and agree, for myself an eleering for the GCC (including elease and forever discharge, nteers, and agents from any a om or out of my own and my o ume all risk for any injuries or	d for my the use of on behalf nd all child/ward's loss to	
2. I act only as a civilian volunteer	and do not functior	n as an employee,	agent or representative of the	GCC.	
 I give permission for media cove relations purposes. 	erage of myself and	l/or my minor child	/ward to be disseminated for p	oublic	
 While participating in any GCC a parent, legal guardian or school 		under the age of 1	4 shall be accompanied at all	time by a	
I have read and fully understand the pro- release shall not be modified orally. All guardian. *If signatory is under 18, the pare	minors' signatures	must be accompa	nied by the signature of the pa	rent or	
Signature:			Date:		
Your Name (print):					
Email Address					