

**GASTON COUNTY NATURAL RESOURCES HOMESCHOOL PROGRAMS WAIVER FORM**

**RELEASE FROM LIABILITY & NEGLIGENCE:**

I, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby waive, release and discharge Gaston County and its agencies, officers and employees from any and all claims of liability and negligence in the event my child is injured as a direct or indirect result of participation in any program, class or event sponsored by Gaston County Natural Resources. By signing below, I do acknowledge this release and waiver.

**CONSENT TO USE PHOTOS, VIDEOS, AUDIO AND SLIDES:**

I understand that photographs, videos, audio recording or slides of my child and other participants of the Gaston Natural Resources Homeschool Program may be taken during any program, class or event for publication reasons in promoting Gaston County, and may appear in social media, including but not limited to Facebook and Instagram.

**CONSENT FOR EMERGENCY MEDICAL CARE:**

I acknowledge that there are potential hazards my child may come into contact with during the Gaston Natural Resources Homeschool Program, such as allergic reactions to food, plants or bee stings. If emergency medical care becomes necessary, I give permission for my child to be transferred to a medical facility selected by emergency providers.

NAME OF PARTICIPANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_