

Appendix C
Parent/Guardian Acknowledgement and Release for Volunteers Aged 17 and Younger

The Smithsonian is pleased to have received your child's application for the Smithsonian's Behind-the-Scenes-Volunteer Program. If accepted, your child will be assigned to a volunteer job and will receive a specific written project description that details the duties and the supervisor's name and contact information. In signing this form, you grant permission for _____, whose date of birth is _____, _____, to participate fully in the Smithsonian's Behind-the-Scenes-Volunteer Program if accepted and on the terms below. You also give permission for the Smithsonian to fingerprint and conduct a criminal background check on your child to determine eligibility for a volunteer position at the Smithsonian and so he or she may receive a Smithsonian identification badge.

You agree that communication regarding the Smithsonian Behind-the-Scenes-Volunteer Program should be between Smithsonian staff and your child. You agree that the Smithsonian will own any work product or other material created or developed by your child in the scope of his or her volunteer duties, including all copyright or other intellectual property rights as a work made for hire under United States copyright law.

While the Smithsonian will take all reasonable steps to provide for the safety of your child, the Smithsonian and its employees and agents shall not be liable for any injury, damage, or harm that might result during the course of any volunteer activity. In permitting your child to participate, you agree that such responsibility will remain with and is assumed by you, as the parent or guardian of your child. Should any claim be asserted as a result of the acts of your child while participating as a volunteer or should your child assert any claim against the United States, the Smithsonian, or their employees or agents, you agree to reimburse, indemnify, and hold the Smithsonian harmless from any such claim, including attorney's fees.

If a medical emergency arises, the Smithsonian will attempt to contact you or the person designated below. However, if the Smithsonian is unable to contact you immediately, you authorize the Smithsonian or its employees or agents to request and authorize, at your expense, emergency medical treatment.

Your child may be photographed, videotaped, or otherwise documented while volunteering. You agree that the Smithsonian may use any such images or recordings for any educational, promotional, archival or any other standard museum purpose in any media whatsoever.

Agreed to by:

Signature of Parent or Guardian: _____

Print Name:

Address:

Phone:

Print name of alternative person to contact in case of emergency:

State relationship to child/ward:

Phone: