

**MKWC Teen Stewardship Intern
Parental Release Form**

I have requested the Mid Klamath Watershed Council allow my child to participate in the Teen Stewardship Intern Position. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my child's participation in this job can expose him or her to risks from known and unanticipated factors. Acknowledging that such risks exist, I hereby release and discharge the Mid Klamath Watershed Council and its employees from any and all claims of liability for personal injury or property damage my child may suffer while on this trip.

Furthermore, in the event I cannot be reached in an emergency I hereby give permission to a physician selected by employees of The Mid Klamath Watershed Council to secure and administer medical treatment, including hospitalization, for my child. This medical care includes but is not limited to providing routine health care; administering over-the-counter and prescribed medications; ordering X-rays or routine tests; releasing any records necessary for insurance purposes; and providing related transportation for my child.

I acknowledge that any extraordinary emergency fees may be borne by the teen intern's parent/guardian. I understand that I, the parent, and my emergency contact will be notified by a representative of the Mid Klamath Watershed Council if my child is required to be seen by a hospital or physician.

Additionally, I understand my child will be required to attend all scheduled workdays for this position and I will do my best to ensure that my child has transportation to work everyday.

Parent Name (Please Print)

Date

Parent Signature

Emergency Contact Info:

