



CBF *Virtual* Programs Participant Form

(Mandatory for ALL participants)

Participant Name:

Last

First

Program Date: ___ / ___ / ___

CBF Program: _____

School/Group: _____

County/District: _____

Grade/Subject Taught: _____

Birth Date (if under 18): _____ / _____
Month (XX) / Year (XXXX)

Grade (if applicable): _____

OVER

PARTICIPANT INFORMATION

Home Address: _____ City: _____ State: _____ Zip: _____

Participant school/work email: _____ and/or personal e-mail: _____

Wk Phone: _____ Home Phone: _____ Cell Phone: _____

Minor participants only:

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian's e-mail: _____ and/or Child's e-mail: _____

Parent/Guardian's Wk Phone: _____ Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

Check here if same as above parent/guardian.

Name: _____ Relationship: _____

Wk Phone: _____ Home Phone: _____ Cell Phone: _____

READ AND SIGN THE FOLLOWING RELEASE:

This document is correct so far as I know. I understand that participation in Chesapeake Bay Foundation (CBF) activities is entirely voluntary. I understand that the CBF virtual programs may involve independent outdoor investigations in my neighborhood or school community. I know and understand the risks and danger involved in the above-named activities and I know and understand that unanticipated danger might arise. I hereby release CBF from any responsibility for injury which might occur as a result of participation in CBF activities except for those determined to be a result of gross negligence on the part of CBF. I give permission for (participant's name) _____ to participate in all field program activities. ***THIS SIGNATURE IS A REQUIREMENT FOR ALL PARTICIPANTS.***

Parent/Guardian or Adult Participant Signature: _____ Date: _____



READ AND SIGN THE FOLLOWING PHOTO RELEASE:

In order to promote our educational programs, CBF sometimes uses participants' names, voices, photographs and/or video productions in connection with media resources, but not as an endorsement. Please sign below if you *agree to grant* CBF permission to use you or your child's name, voice, photographs and/or video in connection with audio-visual productions, voice, photographs and/or videos.

Parent/Guardian or Adult Participant Signature: _____

We would like to receive e-mail updates from the Chesapeake Bay Foundation:

Parent/Guardian's e-mail: _____ and/or Child's e-mail: _____

By checking this box you agree to allow CBF to share your e-mail and cell phone number with the other participants of this course. This information will not be shared outside of this course.