Revised: 12/2015

Pinnacle Mountain State Park Volunteer Liability Waiver Form



l	e Park. I understand that while reasonal	, will be volunteering at	: Pinnacle
of all volunteer	rs, I am responsible for my own actions	while I am in the park as	a volunteer in
Days, and even	olunteer opportunities include, but are nts sponsored by Partners for Pinnacle, I ring may not be under the direct superv	nc. I understand that wo	rk performed
	kansas Department of Parks and Tourisn accidents or injuries to me or to minors		
ALL MINORS MUST HAVE THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN TO PARTICIPATE.			
**	★★★★ PLEASE PRINT L	EGIBLY ***	***
Name:		Phone:	
Address:			
Emergency Cor	ntact:	Phone:	
Signature:		Date:	
If under 18 yea	ars old, please have a Parent or Guardia	n provide their name and	l signature
Name (Parent/Guardian):	Date:	
Signatu	re (Parent/Guardian):		
What is the na	me of your Group/Organization? (if app	licable)	
	me or your croup, organization (in app	,	

Model Release Standards: By signing my initials below, I authorize the Arkansas Department of Parks and Tourism, or any agent it so designates, the uncontrolled use of any and all photographs, video, or audio captured during the volunteer event, for the purpose of promotion and/or advertising in print or electronic media on behalf of the State of Arkansas. All volunteers reserve the right to refuse any media capture/distribution—do not initial below if refusing release of media materials.

I agree to the model release standards written above: _____ (sign initials here)