

**PENNSYLVANIA TROLLEY MUSEUM, INC.
PARENT/GUARDIAN CONSENT FORM
FOR VOLUNTEERS UNDER AGE 18**

The minor child named below has indicated a desire to participate as a volunteer at the Museum. Volunteer service by a minor requires the consent of their parent/guardian. Please provide the information below and review the provisions on the reverse side of this form. This form will become an integral part of the consent granted herein. Please sign the Consent Form below and return it to the Museum.

I hereby consent for _____ to work as
(Name of Child)
a volunteer for the Pennsylvania Trolley Museum (PTM).

They are _____ years of age. (Minimum of 14 years)

I am their Parent Legal Guardian. (Please circle whichever is applicable)

Do they have any special talents or interests we should know about?

Are there any medical concerns we should be aware of (allergies, etc.)?

Please **print** the following information:

Name of Parent/Legal Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Signature of Parent/Legal Guardian

Date

Please send signed form to Sarah Lerch, Museum Educator
Pennsylvania Trolley Museum or email educator@pa-trolley.org
1 Museum Road
Washington, PA 15301

MINOR CHILD CONSENT FORM CONDITIONS

The following conditions are included as an integral part of the Parent/Guardian consent for their minor child to participate as a volunteer at the Pennsylvania Trolley Museum (PTM).

I understand that my child, named on the front side of this form, wishes to be considered for volunteer work at PTM and hereby give my permission for them to serve in that capacity if accepted by the Museum. I understand they will be provided with orientation and training necessary for safe and responsible performance of their duties and will be expected to meet all requirements of the position, including attendance as scheduled and adherence to PTM rules and regulations. I understand their service is voluntary, and they will not receive monetary compensation for the services contributed.

I acknowledge I have made myself fully aware of the types of activities and work a volunteer, including my minor child, may perform at PTM. I am aware of the type of vehicles, machinery, tools, and equipment that are in use at PTM which my minor child may come into contact with or use. I have also fully informed myself of the contents of this consent form and have discussed it with the minor volunteer's other parent or guardian, if any.

I understand, while every reasonable effort is taken by PTM to reduce the risk of injury, there are risks inherent at an operating railway such as PTM, and PTM must rely on mature, responsible volunteers capable of working with minimum supervision to help mitigate these risks. It is my opinion that my child has the maturity and judgment to observe proper safety precautions and to follow all adult supervision while working on the site. I have emphasized to my child the need to be careful, to follow all instructions with respect to safety and the performance of the work, and to always conduct him or herself as a mature and responsible volunteer.

If a medical emergency occurs, I understand that every effort will be made to contact me or the emergency contact person named on the front of this form. If we cannot be contacted immediately, PTM, its agent, or representative is authorized by me/us to request and authorize emergency treatment by a qualified physician, surgeon, or hospital as needed.

As the parent or legal guardian of the minor volunteer named on this form, I accept full responsibility for all medical expenses incurred as the result of my child's participation as a volunteer at the PTM. I agree to hold harmless the Museum and its officers, employees, and other volunteers for any claims brought on behalf of the named minor volunteer, except for bodily injury resulting from negligence or misconduct of the PTM officer, trustee, employee, or other volunteer. I further agree that the Museum, its officers, trustees, employees, and other volunteers may not be personally held liable for any other incident or occurrences, unless caused by negligence or misconduct of the officer, trustee, employee, or other volunteer.

In granting this request, I understand all PTM volunteers are expected to carry their own medical and accident insurance. PTM carries limited supplementary volunteer accident insurance coverage. I understand this policy covers MEDICAL EXPENSES ONLY, is limited in amount of coverage, and is secondary to the volunteer's own medical coverage, or any other insurance that may be available.

I understand some PTM activities may be photographed or recorded for the record and/or publicity purposes. I grant to PTM all rights, title, and interest in all photographs and video or audio recordings made during my child's volunteer activities with PTM.

The Pennsylvania Trolley Museum thanks you for the volunteer services of your minor child and will make every effort to make this experience enjoyable and educational for them.

2018

_____ Initial of Parent/Legal Guardian indicating they have read these conditions