

This form is required for all persons under the age of 18 that wish to participate in volunteer activities at any Missouri state park or historic site.

PARTICIPANT LAST NAME	PARTICIPANT FIRST NAME		PARTICIPAN	PARTICIPANT MIDDLE NAME/INITIAL	
STREET ADDRESS	C	ITY	STATE	ZIP CODE	
DATE OF BIRTH	NAME OF AUTHORIZED GUARDIAN OR CHAPERON (IF OTHER THAN PARENT/GUARDIAN LISTED BELOW)				
DATE OF ACTIVITY	STATE PARK OR HISTORI	STATE PARK OR HISTORIC SITE			
Hold Harmless Agreement I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the State of Missouri - Missouri Department of Natural Resources, all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.					
PARTICIPANT'S SIGNATURE		DATE			
PARENT/GUARDIAN PRINTED NAME					
PARENT/GUARDIAN SIGNATURE		DATE			

MO 780-2017 (11-08)