

1. I have read all the enclosed information regarding the Counselor-In-Training position. I understand and agree to do what is expected of me if I am chosen for this position.

Applicant Signature: _____ Date: _____

2. I have read the enclosed information regarding the Counselor-In-Training position. I understand all that is expected of my child in accepting this position.

Parent Signature: _____ Date: _____

3. I authorize and consent to being photographed, and to the display, reproduction, alteration or other use of any photographs of my child (along with the possible use of first name only), or in which I may be included with others, in connection with Silver Lake Nature Center publications, website and press corps contacts.

Parent Signature (if under 18) or Applicant Signature (if over 18): _____ Date: _____

4. In case of an emergency an agent of Silver Lake Nature Center has my permission to seek the necessary medical attention for the Participant. If the Participant is under 17, every effort must be made to notify the Parent/ Guardian. I hereby release Bucks County Department of Parks & Recreation and the Friends of Silver Lake Nature Center, their employees & volunteers from any and all liability which might be incurred during these activities.

Parent Signature (if under 18) or Applicant Signature (if over 18): _____ Date: _____