

# Selby Gardens Explorers Consent Form

**Please read carefully—form must be notarized before student can participate in program.**

Student Name: \_\_\_\_\_  
*First Last Name on badge (no last names)*

Address: \_\_\_\_\_  
*Street City State Zip*

Email: \_\_\_\_\_ Date of Birth (xx/xx/19xx): \_\_\_\_\_  
*Please provide one or more email addresses at which Marie Selby Botanical Gardens has your permission to contact your child.*

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**Should illness, injury, or emergency occur and I cannot be reached, I authorize the following person to act on my behalf:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

***My child has permission to participate in the Selby Gardens Explorers volunteer and program activity at Marie Selby Botanical Gardens. He/she may be photographed or videotaped, and Selby Gardens may use his/her image for publicity purposes.***

***Marie Selby Botanical Gardens staff members have my permission to contact my child via telephone, email, or text-message as needed for the express purposes of communicating about Selby Gardens Explorers events and volunteering.***

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Sign in front of Notary Public*

Date: \_\_\_\_\_

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811 S. Palm Ave.  
Sarasota, FL 34236  
(941) 366-5731  
www.selby.org

For an oath or affirmation:  
STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed and subscribed before me) this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_ by (name of person taking statement)  
**(NOTARY SEAL)**  
  
Notary Signature: \_\_\_\_\_  
Personally Known \_ OR Produced Identification \_  
Type of Identification Produced: \_\_\_\_\_