

Parent/Guardian Release & Consent Form for Youth Volunteers

We at St. Anthony Foundation are pleased to have your child volunteering with us! We trust it will be a wonderful learning experience, and we are grateful for the support our youth volunteers offer in helping us work together toward “a society in which all persons may flourish”.

To inform your own understanding of our Mission, History, Programs, and Policies, please review the Volunteer Handbook that your child received while attending the Volunteer Orientation. Volunteer adherence to our Confidentiality Policies and all Volunteer Protocols is an integral component of establishing and maintaining safe and respectful relationships Foundation-wide. We also do our best, with the support of our Client Safety Service Staff (CSS), to cultivate and monitor a safe and healthy community environment for all.

Thank you for the release and consent for your child to serve as an ongoing volunteer with us. Please make sure that he or she brings this completed form to their first Volunteer shift; that is required in order for those under the age of 18 years to begin their actual volunteering. Thank you for encouraging and supporting your child’s service at St. Anthony Foundation.

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### **RELEASE AND WAIVER OF LIABILITY ~ *Minor Volunteers***

I \_\_\_\_\_ (name of minor volunteer) acknowledge that I am a participant in St. Anthony Foundation’s volunteer program. I desire to participate in volunteer “activity” offered by St. Anthony Foundation, and do so by my own free will.

I recognize that there may be risks or hazards directly or inherently involved in This Activity. With full knowledge of the facts and circumstances surrounding this Activity, I voluntarily undertake this Activity and assume all responsibility and risk arising from my participation in this Activity.

I recognize that should I incur a physical injury as a result of my participation in this Activity, my health insurance coverage will be the first resort for covering any costs related to this injury. If I do not have health insurance coverage, I understand that St. Anthony Foundation carries an accident insurance policy for volunteers that may cover all or some of the costs of related to this injury. I further acknowledge that my participation in this Activity is NOT covered by worker’s compensation, and that in the event of an injury I will not be eligible to file a worker’s compensation claim.

I assure St. Anthony Foundation that I have no health related reasons or problems, including but not limited to emotional sensitivities, that would preclude or restrict my participation in this Activity or that could be aggravated by my participation in this Activity.

THEREFORE, I release St. Anthony Foundation, it’s trustees, directors, employees, and agents, from any liability arising out of my participation in this Activity, including, but not limited to any damage to my property or to the property of others and injury to me or to

others, resulting from my negligence or the negligence of others, arising out of or caused by my participation in this Activity.

The release and waiver is submitted in consideration of St. Anthony Foundation, allowing my voluntary participation in this Activity. I have read this document in its entirety and I am executing it willfully, with full knowledge of its contents, and with an understanding of its consequences.

I, the parent/Legal Guardian of the PARTICIPANT, affirm that:

1. I have read and do presently understand the meaning, nature and consequences of consenting to the terms and conditions of this Release and Waiver of Liability (“Release”), which consists of two (2) pages inclusive of this page;
2. I sign this Release in full recognition and appreciation of the risks of the above indicated Activity;
3. I am fully competent to sign this Release;
4. I agree to the terms and conditions contained in this Release, and
5. Therefore, I execute this Release for full, adequate, and complete consideration, fully intending for myself, the PARTICIPANT, and for PARTICIPANT’S family, estate, heirs, administrators, personal representatives, or assigns to be bound by the terms of this Release.

**THIS IS A RELEASE OF LEGAL RIGHTS, READ BOTH PAGES BEFORE SIGNING**

I hereby represent that I have carefully read and understand the contents of this document and sign by the same by my own free will on the date indicated below.

**(Minor) PARTICIPANT:**

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(Print Name)

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(Signature and Date)

**PARENT OR LEGAL GUARDIAN**

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(Print Name)

(Emergency Contact/Phone #)

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(Signature and Date)

(Email)