

## 2009 Day of Caring Event Consent Form for Minors

Must be completed by all volunteers and agency staff  
and clients under the age of 18.



Volunteers under 18 who are not accompanied by a parent or legal guardian are required to bring assigned waiver form (below) to the Event Coordinator/Contact the day of the event. Without it, the minor will not be able to volunteer. A parent or legal guardian of each minor volunteering must read and agree to the following:

I understand that my minor child or ward, \_\_\_\_\_, is voluntarily spending the day as a volunteer for Capital Area United Way, Inc., a non-profit charitable organization, and a community service organization in the 10-parish Capital Area. I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on his/her behalf. I attest that my child or ward is physically fit and prepared for this event and all related activities. I grant full permission for Capital Area United Way, Inc., its non-profit partnering agencies, and its officers and directors, partners, employees, agents, and volunteers ("Releases"), to use photographs, video, and audio of my child or ward, and quotations from my child or ward. In accounts, promotions and publications of this event and these activities, and I hereby waive my right of publicity in connection with such uses. Capital Area United Way, Inc. does not provide Workers' Compensation insurance coverage for volunteer participants, who are excluded from requirements for such coverage by law. In connection with my child or ward's voluntary involvement in activities for Capital Area United Way, Inc., I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharge Releases from all claims, demands and actions for injuries or death sustained to my child or ward and/or damage to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or ward's involvement in such activities, whether or not resulting from my child or ward's negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releases harmless from any cause or action, claim or suit arising there from. I attest that my child or ward's attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing in below, I am agreeing to all stipulations as stated above.

Parent or Legal Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's printed name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Minor's birth date: \_\_\_\_\_