

# Volunteer Waiver for Minors



## Parent/Guardian Information:

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

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

City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Choose one:  Cell  Work  Home

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

Company / Organization you are here with today: \_\_\_\_\_

Child's Name	Age	Birthday

You may use the back of this form to list additional children.

Please read the following statement and then sign below:

I, the parent/legal guardian of the above listed children, understand that the children will not be paid for their service as a volunteer nor will they be eligible for any Workers Compensation benefits. Furthermore, I understand that they will not be covered by any medical nor other insurance coverage provided by Mary Rigg Neighborhood Center or its community partner, United Way of Central Indiana. I hereby assume complete responsibility for any injury and/or property damage that they sustain or cause during their volunteer participation. In addition, I hereby hold harmless and covenant not to file suit against Mary Rigg Neighborhood Center, United Way of Central Indiana, or any of its affiliated organizations, nor against their officers or directors, any of their employees, volunteers, partners, agents, sponsors, or board members from any and loss, liability, or claims they or I may have arising out of their service as a volunteer. I further consent to the unrestricted use by Mary Rigg Neighborhood Center and/or person(s) authorized by them of any photographs, recordings, interviews, or similar visual recording of my children.

By signing below I acknowledge that I have read and understand the Terms detailed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Internal Use:

Notes: