PARENTAL WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK ACKNOWLEDGEMENT – FOR VOLUNTEERS UNDER 18

As the parent having legal custody or the legal guardian of the minor child named below ("my child"), I hereby give my full consent and approval for my child to volunteer for the project named below.

I understand the volunteer activities to be undertaken by my child and am willing to assume any risks on behalf of my child, including risk associated with driving to and from an event (if applicable). I hereby certify that my child is fully capable of participating as a volunteer and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation.

By signing below I confirm that I have reviewed the separate form entitled **"Volunteer Information Form & Agreement"** that my child has completed and that my child and I agree to the content of the document in its entirety.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by an employee or adult volunteer of Community Partners to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the employee or adult volunteer of Community Partners examination findings, test results, and treatment provided for purposes of medical evaluation of my child, follow-up and communication with the volunteer's parents or guardian, and/or determination of my child's ability to continue as a volunteer.

In addition to giving my full consent for my child's participation, I do hereby release and hold harmless Community Partners, its officers, employees, agents, board members, and representatives for any liability, damages from illness, injury, and/or death that arises out of, or is connected with, or in any manner relates to, my child's participation in this event.

Furthermore, I understand that aspects of the volunteer assignment may be recorded, by audio and visual means, and may be used to promote Community Partners. I hereby authorize Community Partners to publish any photographs or video taken of my child for use in printed publications and websites of Community Partners or the project. I acknowledge that no financial compensation will be received by me or my child for such use of the photographs. I further agree that the use of the photographs in any publication and website produced by Community Partners or the project confers upon me and my child no rights of ownership whatsoever. I hereby release and discharge Community Partners from any liability arising out of or in connection with the making, processing, reproduction or exhibition of video tapes or photographs from the event.

Print Name of Child Volunteer	Project Name
Print Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian Date

Revised September 15, 2014