



VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)  
PARENTAL CONSENT REQUIRED

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor) hereby consent to and authorize the Minor to act as a volunteer for the disABILITYsa event on \_\_\_\_\_ at \_\_\_\_\_. I agree and understand that the Minor must comply with the rules and regulations established by disABILITYsa and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore. I give permission the Minor to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt hold disABILITYsa, their officers, directors, members, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer at the event. I hereby release and discharge disABILITYsa, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Phone # for Emergencies

\_\_\_\_\_  
Name of Adult Accompanying Minor  
(if different than parent/legal guardian)

\_\_\_\_\_  
Cell Phone # for Emergencies