

# Minor Consent Waiver Form

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

Project Date: \_\_\_\_\_

**Volunteers under 18 who are not accompanied by a parent of legal guardian are required to bring a signed waiver form (below) to the Project Leader the day of the project. 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 United Way of the Dutchess-Orange Region, a nonprofit charitable organization, and a community service organization. I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on their 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 United Way of the Dutchess-Orange Region, its nonprofit partner agencies, and its officers and directors, partners, employees, agents, and volunteers (“Releasees”), 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.

United Way of the Dutchess-Orange Region 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 United Way of the Dutchess-Orange Region, I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharge Releasees 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, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releasees harmless from any cause or action, claim or suit arising therefrom.

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

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

Home/Work Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Minor’s Full Name: \_\_\_\_\_

Minor’s Birth Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_