

DURHAM



MISSION

Mending Shattered Lives Since 1974

Print Minor's Name: _____ **Print Group Name:** _____

Volunteer Consent and Release Form for Minors

1. Voluntary Participation: I acknowledge that my child _____ is **under the age of 18**, a legal minor and has voluntarily applied to assist the Durham Rescue Mission as a Volunteer. I understand that my child will not be paid for his/her services, that he/she will not be covered by any medical or other insurance coverage provided by the Durham Rescue Mission, and that he/she will not be eligible for any Workers Compensation benefits.

2. Release: In consideration of the opportunity afforded my child to assist in this at the Durham Rescue Mission, I hereby agree that I, my child, my assignees, heirs, guardians, and legal representatives, will not make a claim against the Durham Rescue Mission, or any of their officers or directors collectively or individually, for the injury or loss of my child or damage to his/her property, however caused, arising from his/her participation at the Durham Rescue Mission. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or loss to my child, or damage to his/her property, sustained in connection with my participation at the Durham Rescue Mission. I further consent to the use of the Durham Rescue Mission and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recordings of my child.

Date: _____

DRM REP

Parent/Guardian (Signature)

Parent/Guardian/ Name (Please print)

Address

City

/State

/Zip

IN CASE OF EMERGENCY, PLEASE CONTACT ME AT: (_____) _____