

## PARENTAL CONSENT AND RELEASE FOR MINOR VOLUNTEERS

In order to participate in Catholic Charities Voluntee	er Program, minors are required to obtain parental consent:
Minor Full Name (Please Print):	
volunteer services to Catholic Charities. I acknowled performed by Catholic Charities volunteers, and whi volunteer, may involve (a) physical activity, (b) contunspecified locations and (d) other potential risk of i other parent or guardian and said minor, knowingly, and further assume any and all risk and liability relat Charities of the Diocese of Arlington, its trustees, of representative capacities (hereinafter "Released Partivolunteer services, including but not limited to any a may sustain, regardless of the intentional, negligent or a third party which caused or contributed in any w Charities of the Diocese of Arlington, its trustees, of	of the above-named minor and wish to allow my minor child/ward to provide alge and agree that the nature of the volunteer services which are typically chemay be performed by the above-named minor as a Catholic Charities fact with unidentified and unfamiliar persons, (c) travel to and from various nijury. Notwithstanding the preceding sentence, I, on behalf of myself, his/her willingly and freely agree to have my child/ward provide such volunteer services fing thereto, and further agree to release, discharge and hold harmless Catholic ficers, employees, volunteers, agents and representatives, in their individual and ies), from all claims, demands and liability relating to or arising out of such accident, injury, illness or death to person or property which above-named minor for reckless conduct of a Catholic Charities employee, volunteer, Released Party way to such accident, injury, illness or death. I agree to compensate Catholic ficers, employees, volunteers, agents or representatives for the reasonable fincur in any action brought against them by me, said minor or a representative of mection with such volunteer services.
for the health of my child/ward. I understand that my	my knowledge, my child/ward is in good health, and I assume all responsibility of child/ward will not receive any monetary compensation for the services considered an employee of Catholic Charities and that he/ she will not be
and likeness of the above-named child/ward in conne media, including, by way of illustration, but not limi	the unqualified and perpetual right to use, and consents to the use of, the name ection with Catholic Charities exploitation of the photographs in any and all tation, the display of still photographs, the inclusion of the internet and the promotional materials used to promote Catholic Charities.
necessary in the event of accident, injury of sudden it	med child/ward to be given emergency medical treatment and/or transportation if Ilness while said minor is engaged in volunteer service to Catholic Charities. The fility for any such medical treatment and transport. I agree to be responsible for a volunteer activity.
	g: I have read this release (or have had it read to me) and fully understandeach a behalf of myself and said child's other parent/ guardian, I hereby voluntarily erms of this release.
Print Name of Parent or Guardian	Emergency Contact Phone
Parent or Guardian Signature	Date