



MINOR VOLUNTEER WAIVER AND RELEASE OF CLAIM
(RETURN COMPLETED FORM TO PARISH/SCHOOL/AGENCY)

Volunteer's name: _____

Birth date: _____ Sex: _____

Parent/Guardian Name: _____

Home address: _____

Home phone: _____ Work/Cell phone: _____

I, (_____), grant permission for my child, _____, to participate in the following volunteer project(s):

Faith Formation Service Activities

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors, employees and agents, and the Diocese of Charlotte, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate its officers, directors and agents, and the Diocese of Charlotte, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Saint Therese or the Diocese of Charlotte.

My child has the following restrictions and/or allergies:

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I authorize Carmen San Juan or Dave Conklin to authorize and consent to any emergency medical care for my child that he or she reasonably believes necessary. I agree to pay any expenses related to such medical care. I understand and acknowledge that Carmen San Juan or Dave Conklin will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while in volunteer service are not covered by any insurance program maintained by the Diocese of Charlotte, and that I am primarily responsible for paying any such expenses. It is further understood that the undersigned is volunteering his or her time and labor to the above-named project(s). The undersigned acknowledges and understands that as a volunteer, he or she is not eligible for any wages or other benefits of employment, such as workers compensation insurance, and the undersigned fully waives any claim for same for any work or activity he or she contributes.

Parent / Guardian Signature: _____ Date: _____

