

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

I,	, being the parent or legal guardian of
(the "Min	or) hereby consent to and authorize the Minor
to act as a volunteer for disABILITYsa at the 3 <sup>rd</sup> A	Annual abilitySTRONG Parade and 15 <sup>th</sup>
Annual AccessAbility fest on Saturday, October 2	nd. I agree and understand that the Minor
must comply with the rules and regulations establi	shed by disABILITYsa and that failure to do
so may result in the Minor's immediate removal as	s a volunteer.
I am aware of the nature of the activities to be perf	formed by the Minor as a volunteer and
recognize that in performing volunteer tasks, a risk	c of harm or injury exists. I agree that all
volunteer activities are to be performed by the Mir	nor at the Minor's risk and I assume full
responsibility therefore. I give permission the Min	or to be taken to a hospital and/or treated by
licensed medical personnel for a medical emergen-	cy, illness, or injury; and for licensed medical
staff to take emergency measures as they deem app	propriate.
On behalf of myself, the Minor, and our respective	e heirs and personal representatives, I agree not
to hold or attempt hold disABILITYsa, their office	ers, 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 evo	ent. I hereby release and discharge
disABILITYsa, their employees, and their volunte	ers from any and all claims, demands, causes
of action of any nature or cause, for any such injur	y 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