

## **Town of Benson**

### **Minor Volunteer Parental Waiver & Release Form**

We appreciate your minor's interest in volunteering with our Town. In order to protect your child, we ask you, the parent / guardian to initial the statements below to indicate your agreement with your child volunteering for the Town of Benson:

\_\_\_\_\_ As the parent(s) or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a volunteer for the Town of Benson. I understand that every activity includes risks, known and unknown, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating and has no disabilities or infirmities that would restrict volunteer participation.

\_\_\_\_\_ I understand that my child is to receive no payment from the Town of Benson for services. My child is not an employee. I understand, acknowledge and agree my child is not covered by Workers' Compensation insurance or benefits provided there under and I do hereby release, discharge and hold harmless the Town of Benson, its agents, representatives and employees, from any and all claims whatsoever, known or unknown, damaged or injuries to my child. I do hereby assume the risk of all medical expenses incurred from any injury resulting from my child's volunteer participation.

\_\_\_\_\_ In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Town of Benson, its officers, staff, and supervisors for any injury that may be suffered by my child in the normal course of participation in the designated volunteer activities and the activities incidental thereunto, whether the result of negligence or any other cause.

\_\_\_\_\_ The Town of Benson has my permission to use my child's photograph publicly for promotion. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_ I authorize the Town of Benson and its agents and representatives to conduct a review of my child's background and to obtain a consumer credit report and/or an investigative consumer credit report and any other information necessary for the purpose of volunteering with the Town of Benson. I also agree to complete all additional authorization forms need to conduct said background checks.

Program: \_\_\_\_\_

Minor's Name (first, last): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male / Female

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parent or Guardian Information**

Primary Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

In case of an emergency: Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How is this emergency contact related to the participant? \_\_\_\_\_

Are there any medical conditions or allergies that we need to be made aware of? (Use space provided)

\_\_\_\_\_  
\_\_\_\_\_

**Primary Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*OFFICE USE ONLY*

Background Check: \_\_\_\_\_ Completed By: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer Position Placement: \_\_\_\_\_

Assigned Supervisor: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Eligible to Volunteer Again: \_\_\_\_\_