



Volunteer Consent Form for Minors

***Volunteers are required to have a Volunteer Consent Form on file prior to the event date.
It is the responsibility of the Event Contact Person to return this form to the National Cervical Cancer Coalition.***

Event Date: _____

Event Name: _____

Event Location: _____

Event Contact Person: _____

Event Contact Person's Phone Number: _____

I _____ am responsible for _____
Parent/Legal Guardian Minor Child / Ward

and understand that my minor child or ward will be a volunteer at the above mentioned National Cervical Cancer Coalition event.

I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on their behalf. I attest that my child or ward is physically fit and prepared for this event and all related activities. I grant full permission for the National Cervical Cancer Coalition, its nonprofit partner agencies, and its officers and directors, partners, employees, agents, and volunteers (Releasees), to use photographs, video, and audio of my child or ward, and quotations from my child or ward, in accounts, promotions, and publications of this event and future events, and I hereby waive my right of publicity in connection with such uses.

I hereby agree, for me and my child or ward, our heirs, assigns, executors, and administrators to release and discharge Releasees from all claims, demands and actions for injuries or death sustained to my child or ward and/or damage to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or ward's involvement in such activities, whether or not resulting from my child or ward's negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releasees harmless from any cause or action, claim or suit arising there from. I attest that my child or ward's attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document.

By signing below, I am agreeing to all stipulations as stated above.

Parent or Legal Guardian's Signature: _____ **Date:** _____

Mailing address: _____

Phone Number: _____

Email address: _____