

ELNA M. SMITH FOUNDATION  
VOLUNTEER PROGRAM  
WAIVER OF LIABILITY & PERMISSION FORM  
(Minor Waiver)

It is agreed that I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_, a minor who participates as a *Volunteer*, shall waive liability by and save and hold harmless from any and all claims against The Elna M. Smith Foundation ("Foundation"), its directors, officers, employees, agents, contractors or volunteers. I understand and agree that in return for this waiver and other promises herein The Elna M. Smith Foundation will permit \_\_\_\_\_ to participate in the *Volunteer Program* on the terms and conditions specified by the Foundation.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working on the grounds of the Foundation and of the nature and potential hazards of the volunteer work to be performed, and agrees that the Foundation shall not be responsible or liable for any and all injuries sustained to the child listed above, as well as any loss, damage or expense arising out of this child's participation in the *Volunteer Program*. I grant permission to the Foundation to utilize any medical emergency services it deems necessary to treat injuries to this minor.

I also agree to be personally responsible and liable for any and all injury, harm or any other incident that may occur to this minor before, during and after transit to and from the Foundation. I understand that if my child exhibits behaviors considered by the Foundation to be dangerous to himself/herself, to the visiting public, guests, officers and employees of the Foundation and/or to other volunteers, or which is contrary to the mission, goals or public image of the Foundation, he/she may be removed from the program.

For the promises contained in this agreement I hereby grant and convey to the Foundation all rights, title, and interest in any and all photographic images and video-audio recordings of my child made in connection with activities conducted by the Foundation, to be used for publicity, advertising, trade, editorial or any lawful purpose whatever.

The Volunteer understands that, except as otherwise agreed to by the Foundation in writing, the Foundation does not carry or maintain workers' compensation, health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

I have read and fully understand the above waiver and release of liability, and give my consent for this child to participate in the Foundation's *Volunteer Program*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian)

Medical Information:

My child has the following allergies (food, animal, medical, etc.): \_\_\_\_\_  
\_\_\_\_\_

My child has the following medical conditions (diabetes, seizures, heart conditions, etc.): \_\_\_\_\_  
\_\_\_\_\_

Name and phone # of my child's physician: \_\_\_\_\_

Name and phone # of my child's emergency contact: \_\_\_\_\_