**MINOR VOLUNTEER RELEASE WAIVER**

I hereby certify that I am the adult parent or guardian of , a minor child who is \_\_\_\_\_\_\_\_ years old\*, and I consent to his/her participation in a volunteer capacity with Knead Community Café. In the event of an emergency, I authorize the person in charge to seek qualified medical aid for any injury sustained by my child. I understand that all costs incurred for medical expenses are my responsibility. Also, I understand that my child is expected to act in an appropriate manner, and, if my child does not behave appropriately, I may be required to pick him/her up at the site. Once this release form is signed, I understand that the Knead Community Cafe Board of Directors, Staff, and Affiliates are not liable or responsible for any personal injury, loss of property, negligent, willful or intentional act. Additionally, I acknowledge that my son/daughter’s participation in volunteering with Knead Community Cafe is entirely voluntary andunderstand that they are subject to the rules, procedures, and regulations of this organization. Furthermore, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release and waiver.

\*Any child under the age of sixteen must be supervised by an accompanying parent/guardian at all times.

Please Print Clearly

Parent|Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street

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

 City State Zip code

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone #(\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Parent|Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_