



(To be completed and signed by parent/guardian if volunteer is under 16 years of age)

Event/Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Volunteer's  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, being the Parent or Legal Guardian of \_\_\_\_\_ (The Minor), hereby consent to and authorize the Minor to act as a volunteer for St. Vincent de Paul Southwest Idaho. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by St. Vincent de Paul Southwest Idaho, and that failure to do so may result in the Minor's immediate removal as a volunteer. I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include, but are not limited to the duties listed on the Volunteer Form. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore. On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold St. Vincent de Paul Southwest Idaho and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity. I hereby release and discharge the St. Vincent de Paul Southwest Idaho and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor. I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between St. Vincent de Paul Southwest Idaho and myself.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**PHOTO/MEDIA RELEASE** To recognize the great work of our volunteers, we occasionally post photographs on our social media platforms (Facebook, Instagram), on our website or in print materials. Please let us know your preference by checking the appropriate line on the options below.

\_\_\_\_ I **give** permission for my child's name, photo, video image, and/or achievement(s) to be disclosed on social media, on the website, in print materials or released to the media.

\_\_\_\_ I **do not** want my child's name, photo, video image, and/or achievement(s) disclosed on social media, on the website, in print materials or released to the media.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date