



YOUTH LIABILITY WAIVER

Volunteer Name: _____

Parent/Guardian Name: _____

Parent/Guardian Telephone: (home) _____ (cell) _____

Company/School: _____

INFORMED CONSENT/RELEASE

I wish to become a volunteer with a program of Catholic Charities of Central Florida and will only perform activities that I am comfortable doing. I understand that my participation may involve physical activity and contact with unfamiliar persons. Knowing this, I wish to volunteer and assume all risk with respect to any accidents or injuries to person or property that I may sustain, including death. In addition, I hereby release and forever indemnify Catholic Charities of Central Florida, its directors, officers, employees, community partners, sponsors, volunteers, affiliates, agents, designees, and successors from any and all liability or responsibility, including claims based upon the action, or negligence of any of the released parties for any damage to property or personal injury, including death. If I do not fully comprehend this statement I will seek legal advice before signing.

GUARDIAN SIGNATURE: _____ DATE: _____

This is required if volunteer is under 18 years of age.

*Please note that volunteers under 16 years of age **must be accompanied by an adult** during all volunteer shifts.*