



## Volunteer Waiver & Registration for Minors (ages 17 & under)

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_ desire to serve as a volunteer on \_\_\_\_\_

for \_\_\_\_\_  
(project description)

The Minor is aware that volunteer service might include extensive walking, lifting, trash removal, use of garden tools, and other duties, and he/she will take necessary precautions to protect himself/herself and others from harm.

\_\_\_\_\_ (guardian initial)

The minor desires to work as a volunteer for the South Grand Community Improvement District and engage in the activities related to being a volunteer. I, the legal guardian, hereby freely and voluntarily, without duress, agree to the following terms:

1. Assumption of Risk: The guardian understands that there are certain risks of physical injury. As the guardian for the said minor I hereby expressly assume the full risk of any injuries or harm, including death, damage or loss resulting from minors participating in any and all activities connected with or associated with such project.
2. Release and Waiver: The guardian and minor hereby release and forever discharge the South Grand Community Improvement District, its affiliates, subsidiaries, officers, representatives and employees from any and all liability, claims and demands of whatever kind, either in law or in equity, which are or may hereafter arise pursuant to minor's volunteer activities.
3. Medical Treatment: The guardian and minor hereby release and forever discharge the South Grand Community Improvement District from any claim which arises or may arise from any first aid, treatment, or medical services rendered to minor in connection with minor's volunteer activities.
4. Insurance: It is understood that the South Grand Community Improvement District does not carry or provide health, medical, disability or auto insurance coverage for minor's volunteer service. It is understood that each volunteer is expected and encouraged to obtain his or her own medical, health, disability, and auto insurance.
5. Photographic release: As guardian of said minor I hereby grant the South Grand Community Improvement District all rights to photographic and video images made during my service for internal use or for reasons of publicity.

Name of Legal Guardian: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_