



Volunteer Release Form for Minors (under the age of 18)

Parental Consent Required

As the parent/guardian (circle one) of _____ (name of minor), I hereby grant permission for my child/ward to act as a volunteer for Meals on Wheels Collin County. I agree and understand the child/ward must comply with the rules and regulations established by Meals on Wheels Collin County and failure to do so may result in the child/ward's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by my child/ward as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the child/ward at the child/ward's risk and I assume full responsibility therefore.

I agree not to hold or attempt to hold Meals on Wheels Collin County, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by my child/ward, arising out of the child/ward's activities as a volunteer for Meals on Wheels Collin County. I hereby release and discharge Meals on Wheels Collin County, their employees, and their 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 child/ward.

In addition, I authorize the provision of emergency medical treatment in the event of a medical emergency.

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Hospital Preference: _____ Address: _____

Name of parent/guardian: _____

Signature: _____ Date: _____