

MINOR VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20____ by _____, a minor child (the "Participant" or "Volunteer"), and _____, the parent having legal custody and/or the legal guardian of the Participant or Volunteer (the "Guardian"), releases the Halloween in the Old West End Lanternfest, fiscal project of Friends of the Danville Public Library D.B.A. Bookends (the "Nonprofit") a nonprofit organized and existing under the laws of the United States as an 501c-3 non-profit, and each of its directors, officers, employees, co-host agencies, and other agents.

The Nonprofit and its partners provide no supervision of any child after scheduled volunteer projects and activities. The Nonprofit has no liability for any youth participant or volunteer.

I, the parent or guardian of the above named child, do hereby give my consent to his/her/their participation related to their volunteer activities with the Halloween in the Old West End Lanternfest.

The Guardian and Participant is responsible for their own insurance coverage in the event of personal injury or illness as a result of participation in activities of the volunteer activity.

1. Waiver and Release: We, the Participant and the Guardian, release and forever discharge and hold harmless the Nonprofit and its successors and assigns from any and all liability, claims, and demands of any nature, either in law or in equity, which arise or may hereafter arise from the activities as a Participant or Volunteer with the Nonprofit.
2. We understand and acknowledge that this Release discharges Nonprofit from any liability or claim that we may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services the Volunteer provides to Nonprofit or occurring while Volunteer is providing volunteer services.
3. Insurance: I affirm that the Participant is covered by primary medical insurance and understand that I am responsible for my child's/ward's medical bills if injury occurs. Further, we understand that the Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of injury, illness, death or damage to property. I expressly waive any such claim for compensation or liability on the part of the Nonprofit beyond what may be offered freely by the Nonprofit in the event of such injury or medical expenses incurred by the volunteer(s).
4. Assumption of Risk: As a Participant or volunteer, I hereby expressly assume the risk of injury or harm **of my child/ward** from these activities and release the Nonprofit from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while **my child** is participating in events.
5. Photographic Release: I grant and convey to the Nonprofit and affiliates all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice (**or my child/ward**) made by the Nonprofit in connection with my (**or my child/ward**) participating in Halloween in the Old West End Lanternfest events.
6. I give my consent for medical treatment **of my child/ward** by the closest hospital, doctor, or medical facility should injury occur. The guardian and minor hereby release and forever discharge the Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minors time with the Nonprofit.
7. The Nonprofit is not responsible for any incidents for Participants or others while the Participant is in route or returning from a volunteer activity.

To express my understanding of this Release, I sign here:

Name of Legal Guardian _____

Signature of Legal Guardian _____

Name of dependent/minor _____

Signature of Minor _____

Address/Phone number of Legal Guardian _____

Date _____

Emergency Contact Name _____

Emergency Contact Phone number _____

