

VOLUNTEER AGREEMENT AND RELEASE FOR MINOR CHILD

I, the undersigned, am the parent or legal guardian of _____, a minor child. I wish to allow my child to perform volunteer services for Sunnyvale Community Services ("SCS"), a California nonprofit corporation. In consideration of SCS locating, coordinating and/or making available volunteer opportunities to my child, I hereby agree and release SCS as follows:

1. I acknowledge and agree that the nature of the volunteer services which my child may be performing might involve physical activity, contact with unidentified and unfamiliar persons, and/or other potential risk of injury. Notwithstanding the foregoing, I willingly and freely agree to allow my child to volunteer for SCS, and assume any and all risk, and I agree to release SCS from all liability for such risk, including without limitation, risk of any accident or injury to person or property which my child may sustain in connection with his/her participation as a SCS volunteer.

2. Additionally, I acknowledge and agree that, except for the time my child is actively acting at SCS's direction and within the scope of his or her volunteer duties, my child is solely my responsibility. For example, SCS has no responsibility for my child before or after the specified volunteer activity, or during breaks in the volunteer activity. I agree to make all necessary arrangements to ensure that my child arrives at the volunteer activity on time and promptly leaves at the end of the activity.

3. I hereby release SCS and its directors, employees, officers, agents and representatives from, and agree not to sue them for, any and all causes of action, whether known or unknown, arising out of, based upon or relating to my child's participation as a SCS volunteer.

4. I, the parent or legal guardian of _____, a minor, who was born on _____, authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor in the case of an emergency if I cannot be contacted, and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

5. I agree that my child will abide by any rules and directions provided by those SCS employees or volunteers who are directing the volunteer activity.

I have read and agree to the foregoing Volunteer Agreement and Release for Minor Child.

Print Name of Parent or Guardian

Home Phone

Cell Phone

Parent or Guardian Signature

Work Phone

Date