



His Helping Hands

VOLUNTEER LIABILITY WAIVER FOR MINORS

My name is _____ and I am the parent or legal guardian of _____ (hereafter "Minor). Minor has my permission to volunteer with the ministry of His Helping Hands by working in the _____ and/or _____ areas of work. I understand that this work may pose risks to Minor, including the risk of serious injury or death. In spite of this knowledge, I give my permission for Minor to volunteer.

As Minor's parent or guardian, I do hereby, on my own behalf and on behalf of Minor's parent(s), guardians, family, heirs, executors, assigns, and representatives, release and forever discharge His Helping Hands, Central Christian Church, their officers, directors, employees, officers, agents, and volunteers from any and all claims, demands, actions or causes of action which in any way may arise out of the above-noted work.

In case of an accident or illness, I hereby grant my permission for emergency treatment to be administered to Minor. I will assume full responsibility for any such action, including payment or costs.

I have read and I understand the forgoing waiver. By signing this document, I am forever giving up any rights that I and all other representatives of Minor may have to bring claims against HHH (and any people or entities related to HHH) arising out of the work identified above.

Printed Name

Signature

Address

City, State, Zip Code

Telephone Number

E-Mail Address