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VOLUNTEER RELEASE AND AGREEMENT FOR MINORS (15+)

Minor Name: _____

I, _____ the undersigned, wish to allow my minor child named above (my "Child") to volunteer his or her services for Paw Works Inc. (PW), a nonprofit organization.

I hereby agree and release PW as follows:

1. I acknowledge and agree that the nature of the Volunteer Services are typically performed by PW Volunteers, and which may be performed by my Child as a PW Volunteer, may involve (a) physical activity (including and without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar person, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and Freely agree that my Child volunteer with PW and hereby assume any and all risk, and agree to release PW for all liability for such risk, including and without limitation risk of any accident or injury to person or property which my Child may sustain in connection with my Child's participation as a PW volunteer or in any PW related Project or activity.
2. I hereby release PW and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from and agree not to sue PW for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my Child's participation as a PW volunteer or in any PW related activity or project.
3. I irrevocably grant to PW, its assigns and successors, my consent to full right to: use my Child's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my Child's participation hereunder.
4. In connection with the above, and having entrusted my Child into the care of PW and its employees, agents, servants, officers, assigns, licensees, sponsors, guests, and officers, I hereby authorize such caring adults to consent to: any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such Child under the general or special supervision, and the advice of, a physician and licensed surgeon; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a licensed dentist. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered with the above provisions and limitations.
5. This release shall benefit PW, PW's successors, licensee, agents, employees, affiliates and assigns. This release shall be governed by the laws of the state of California.

I have read and understood this VOLUNTEER RELEASE AND AGREEMENT FOR MINORS (15+) and hereby give my express consent to execution and agree not to revoke my consent. (Persons under the age of 18 will need a parent or guardian permission and signature).

Printed name of Parent/Guardian

Mobile Phone Number

X _____
Signature or Parent or Guardian

Volunteer Application Information:

Name: _____ Date: _____

Age: _____ Drivers License # _____

Address: _____

Phone #: _____

Email address: _____

Organization Name: _____

Availability:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____

Fri: _____ Sat: _____ Sun: _____

Any Comments:
