**Volunteer Event Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As a part of my community service at Caring for Friends, I consent to the use and release of any and all pictures, video’s and other materials collected during my Volunteer day/s at Caring for Friends. I also release, discharge and hold harmless Caring for Friends, officers, directors and employees in perpetuity from any and all liabilities incurred in connection with my participation in volunteer activities. I further attest that I have adequate insurance coverage/s to handle any and all injury’s that may occur as a result of my participation in a Caring for Friends event.

Important: Each child must be accompanied and supervised by an adult at all times.

**Please print the following information:**

Print Name (Adult/ Legal Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name (Child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult/Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (Adult/ Legal Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Adult/Legal Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed\_\_\_\_\_\_\_\_\_\_

**1.27.20: Revised**