

LIVE UNITED



United Way of Hernando County

4028 Commercial Way
Spring Hill, FL 34606
352-688-2026 phone/ 352-688-8336 fax
www.UnitedWayHernando.org

Youth Volunteer Release Form

Volunteer consent and waiver for _____ (name of minor).

I, _____, being the parent or legal guardian of _____, give my consent to allow my (son, daughter, ward) to perform volunteer services for United Way of Hernando County. I fully understand and acknowledge that his/her services are to be performed subject to all the rules and regulations of United Way of Hernando County, that violations thereof shall be cause for immediate dismissal, and that all services performed by my (son, daughter, ward) are strictly voluntary, without pay or compensation of any sort and without liability of any nature on behalf United Way of Hernando County. I further acknowledge that all services are performed at his/her risk.

On behalf of myself, my (son/daughter/ward), my heirs, my personal representatives or administrators, I hereby release, discharge, indemnify, and hold harmless United Way of Hernando County, its agents, servants, and employees from and against any and all claims, causes of action, demands, judgments, or fees, incurred by United Way of Hernando County, which could in any way be associated with or connected with his/her services for United Way of Hernando County, including but not limited to, accidents, or injuries.

I, _____, understand that public relations is an important part of volunteering at United Way of Hernando County. On behalf of my (son, daughter, ward), I allow United Way of Hernando County to use any photographs taken of my (son, daughter, ward). I will abide by all safety instructions and information provided to me during any and all volunteer efforts.

I have read, understood, and agree to the above.

Signature of Youth Volunteer

Date

Signature of Parent/Legal Guardian

Date