



CATHOLIC CHARITIES, INC.
Parental Consent

For any volunteer under the age of 18 years, this consent and release must be completed and signed by the parent and /or guardian of the volunteer and filed with Catholic Charities Inc., before such volunteer may begin service.

Name of Volunteer: _____ Birthdate: _____

Address: _____ Zip: _____

Home Phone: _____ Group Name or School: _____

Emergency Contact: _____ Phone: _____

Medical Information (Allergies, etc.): _____

The undersigned parent or guardian of the above-named minor, in consideration of Catholic Charities Inc., is willing to permit the above-named minor to participate as a volunteer in any of its programs, does hereby waive, release and discharge Catholic Charities, Inc., its officers and employees, from any and all claims, rights or causes of actions that might accrue to said volunteer, or the parents of the volunteer, as a result of any personal injuries, loss of life, or loss of property while participating in the volunteer program.

The undersigned parent or guardian further agrees to indemnify Catholic Charities Inc., its agents or employees, from any loss, liability, damage or cost that they may incur by reason of the volunteer's participation in any of their programs.

The undersigned clearly understands the risks that may be associated with the program and agrees to allow the above-named minor to be a volunteer and to participate in the volunteer program. It is further agreed that no suit or action shall be instituted by me or others on my behalf or on behalf of the volunteer.

The undersigned parent or guardian does hereby give consent and authorization to any management employee of Catholic Charities Inc., to select a physician and to consent in our place the performing of any and all medical services, including surgical procedures and prescribing medication, upon the above-named minor, deemed by any one of the above to be necessary and desirable to protect the health and physical well-being of the above-named minor.

Signature of Parent or Guardian:

Date:

Attention: If you are bringing multiple children please fill out this form for each child.