

NEVER ALONE, INC.

Parental Consent and Release from Liability for a Minor

1. Voluntary Participation: I acknowledge that my child _____ has my permission to participate in the Never Alone Inc. volunteer program (“Program”). I understand that as a volunteer my child will not be paid for his/her services, that he/she will not be covered by any medical or other insurance coverage provided by Never Alone Inc., and that he/she will not be eligible for any Workers’ Compensation benefits.

2. Release: In consideration of the opportunity afforded my child to participate in the Program, I hereby agree that I, my child, my assignees, heirs, guardians, and legal representatives, will not make a claim against Never Alone Inc., or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by Never Alone Inc., or any of the volunteer workers, for the injury or death to my child or damage to my child’s property, however caused, arising from my child’s participation in the Program. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to my, or damage to my child’s property, sustained in connection to my participation in the Program.

3. Consent: I hereby give my consent to the unrestricted use by Never Alone Inc. and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of my child. Permission is _____ granted _____ denied.

4. Consent: I hereby give my consent for my child, _____ to participate in local area donation pick-ups, traveling by Never Alone Inc. transportation, accompanied by a Never Alone Inc. staff member and at least one other volunteer or staff member.
Permission is _____ granted _____ denied.

SIGNED this _____ day of _____, 20__

Parent/Guardian signature_____

Print name_____

Address_____

City/State/Zip_____

Phone: _____ Email:_____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Phone: _____