



Flourish Foster Care Closet & Support, Inc.

## Minor Volunteer Release Form

I, \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ the "Minor" volunteering hereby consent to and authorize the Minor to act as a volunteer of Flourish Foster Care Closet & Support, Inc.. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Flourish Foster Care Closet & Support, Inc. And that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Flourish Foster Care Closet & Support, Inc. their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Flourish Foster Care Closet & Support, Inc... I hereby release and discharge Flourish Foster Care Closet & Support, Inc., their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

I give Flourish Foster Care Closet & Support, Inc. permission to publish photographs or video taken on the organization website or social media sites.

Check One: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

Date \_\_\_\_\_

Phone Number(s) for Emergencies \_\_\_\_\_

Please return to: April Bruce at April.Bruce55@gmail.com or turn the form in personally to:  
Flourish Foster Care Closet & Support, Inc.