



Youth Volunteer Information & 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 Ability Tree First Coast. I fully understand and acknowledge that his/her services are to be performed according to the procedures and policies of Ability Tree First Coast, and violations thereof will result in immediate dismissal. I understand 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 of Ability Tree First Coast. 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, and hold harmless Ability Tree First Coast, along with all of its agents, employees, members, and other volunteers against any claims, causes of action, or fees as a result of one's associated service to Ability Tree First Coast, including but not limited to accidents or injuries.

I acknowledge that my (son, daughter, ward) will be working closely with children of varying disabilities, which may result in atypical behaviors, necessary care, or other situations that may take them out of their comfort zone. Therefore, I release Ability Tree First Coast and it's participating families/members from any claims, causes of action or fees as a result of one's associated service to Ability Tree First Coast and it's participating families/members.

Signature of Parent/Legal Guardian: _____

Date: _____

Media Release

Ability Tree First Coast is an organization seeking to reach out to families impacted by disability. Because we will want to reach as many families as possible, we may publicize the program through television, radio, newspaper, or internet advertising. The use of your name and your child's name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about Ability Tree First Coast in the future, please sign below.

I consent for my child to be photographed/video. The picture(s)/videos may be used for press releases, journal articles, marketing, social media releases, or other positive publicity related to respite programs and Ability Tree First Coast.

Signature of Parent/Legal Guardian: _____

Date: _____



Emergency Information and Pick-Up Instructions

Emergency Contact Information:

Name: _____

Phone #: _____

My child is given permission to be picked up by the following (check one):

_____ My (son, daughter, ward) drives themselves to and from volunteer responsibilities.

_____ My (son, daughter, ward) must ONLY be picked up by the following:

• Name: _____

Phone Number _____

• Name: _____

Phone Number _____

I hereby give my consent to the above people being contacted in case of an emergency and allow my child to be picked up by the listed people above.

Signature of Parent/Legal Guardian: _____

Date: _____