

# Parent Volunteer Agreement & Release from Liability Form for Kid Street Learning Center

Volunteer's Name & Group \_\_\_\_\_

Volunteer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office or Cell (\_\_\_\_\_) \_\_\_\_\_

1. I, \_\_\_\_\_ (name) on this \_\_\_\_\_ (date) acknowledge that I have voluntarily applied to participate in painting, landscaping, and other activities on the campus of Kid Street Learning Center in Santa Rosa, Ca.
2. I am aware that there may be hazards associated with these activities and I am voluntarily participating in them with the knowledge of those potential hazards. I hereby agree to accept all risks of injury and death, and verify this statement by placing my initials here \_\_\_\_\_ (initials)
3. As consideration for being permitted by Kid Street Learning Center to participate in these activities and use their tools and facilities, I hereby agree that I, and my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attach the property of Kid Street Learning Center, or the suppliers of any tools or equipment I will use, for injury or damage resulting from my participation in any Kid Street activities, and I hereby release Kid Street from all actions, claims, or demands that I, my assignees, my heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any activities. \_\_\_\_\_ (initials)
4. I hereby release and forever discharge Kid Street from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with participation in activities at Kid Street today. \_\_\_\_\_ (initials)
5. I understand that although Kid Street carries medical insurance for volunteers, it is considered secondary coverage and my own health insurance is primary coverage. \_\_\_\_\_ (initials)
6. I agree that this Volunteer Agreement ("Agreement") is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this agreement shall be held to be invalid by any other court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforced. \_\_\_\_\_ (initials)
7. I hereby agree that Kid Street may use my photographic image or likeness taken during my participation in any Kid Street activities for any purpose including for use in promotional materials and on the Internet. \_\_\_\_\_ (initials)

**Please complete, sign and date the Emergency Contact Information on the reverse of this Agreement. Individuals without a Completed for Will Not Be Allowed to Participate in Volunteer Activities.**

I have carefully read this AGREEMENT and I fully understand its contents. I am aware that this is a release of liability and a contract between myself and Kid Street Learning Center. I am signing this document of my own free will.

Executed at (city) \_\_\_\_\_, California on (date) \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

*If the volunteer is under the age of 18, a parent or legal guardian must also sign.*

No one under the age of 18 is permitted on the Kid Street Learning Center campus on volunteer work days without a chaperone.

Parent or Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Chaperone Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Kid Street Staff and Date: \_\_\_\_\_