

VOLUNTEER RELEASE FORM FOR MINORS

PARENTAL CONSENT REQUIRED (volunteer under the age of 18)



I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for **Conifer Historical Society and Museum**. 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 **Conifer Historical Society and Museum** 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 **Conifer Historical Society and Museum**, 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 **Conifer Historical Society and Museum**. I hereby release and discharge **Conifer Historical Society and Museum**, 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.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Phone Number(s) for Emergencies

**Please return to: info@coniferhistoricalsociety.org or mail the form in to: CHSM, PO Box 295, Conifer, CO 80433
Upon Receipt, the Volunteer Coordinator or Designee will sign and return a final copy to you.**

----- CHSM Use Only Below This Line -----

Signature of CHSM's Volunteer Coordinator or Designee

Date

Printed Name of CHSM's Volunteer Coordinator or Designee