

## YOUTH VOLUNTEER LIABILITY WAIVER FORM

In consideration of the opportunity afforded my child to assist on a voluntary basis in Christmas in April, St. Mary's County, Inc, a project in which the homes of low-income, disabled and/or elderly persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by the Christmas in April program in organizing this project, I give my permission for my child,

\_\_\_\_\_  
(Name of Youth Volunteer - Please Print)

\_\_\_\_\_  
(Parent/Guardian's signature, please)

to participate in Christmas in April; and I, on behalf of my child and myself, hereby waive any rights or causes of action arising as a result of my participation in said project from which any liability may or could accrue against Christmas in April or its officers, directors, or Executive Director, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Christmas in April program.

I recognize that Christmas in April St. Mary's County, Inc., assumes no liability for the training, supervision, and/or specific management of duties and tasks assumed by my child and that I have advised my child that he/she may elect not to perform any task or assignment requested of him/her at any time while serving as a volunteer.

**I HAVE READ THE FOREGOING AND I AGREE WITH AND ACKNOWLEDGE ALL THE PROVISIONS CONTAINED HEREIN.**

DATE SIGNED \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOUSE CAPTAIN: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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