

WAIVER OF LIABILITY FOR MINOR VOLUNTEER

Disaster Recovery: Pathfinder Mission, Waveland, Mississippi

Minor Volunteer's Name (please print) Parent or legal guardian of Volunteer (please print)

Whereas the Minor Volunteer listed above is to work on disaster recovery.
Now therefore, Pathfinder Mission of Waveland, MS, the recovery managers; and I, the parent or guardian of the volunteer; agree as follows:

FIRST: Pathfinder Mission; and the recovery managers, shall exercise every precaution to assure the welfare and safety of the said volunteer and agrees to take no extraordinary action pertaining to his/her welfare without consultation with the parent or legal guardian except when emergency conditions indicate that delay or lapse of time would adversely affect the best interest of the volunteer.

SECOND: The parents or legal guardian represent to Pathfinder Mission; and the site managers, that the volunteer is not now afflicted with any disorder, disease, allergy, or other form of malady that would adversely affect his/her participation in activities of recovery work or the welfare of other recovery workers.

THIRD: Pathfinder Mission; and the recovery managers, do not assume responsibility for any loss of property or damage to the same, or for personal harm or illness that may come to the volunteer while engaged in the volunteer activities.

FOURTH: Furthermore, the parents or legal guardians, their heirs, executors, administrators, distributes, and assigns, agree not to commence or prosecute, and hold harmless the above Pathfinder Mission; and the recovery managers; and to hold the these stated parties harmless in the event of the commencement of prosecution of, and demand, claim action, suit or proceeding which may be asserted against them with respect to any loss of property, damage to the same, personal harm, or illness that may come to the volunteer while engaged in the activities sponsored by the above Pathfinder Mission.

FIFTH: I understand that the above Pathfinder Mission does not assume any liability for any loss, damage, personal harm, or illness of the volunteer.

In witness whereof, I, the parent or legal guardian, have set my hand this day, _____, 2010.

Signature of parent or legal guardian of volunteer _____

Parent / Guardian's Address _____

Parent / Guardian's Phone _____ Cell _____

Phone of volunteer (if different) _____ Cell _____

Church or Organization _____

Arrival Date: _____ Departure Date: _____

Email Address _____

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR MINOR

The purpose of this form is to permit the emergency medical treatment of Pathfinder Mission, Waveland, MS, minor volunteers who become ill or injured, in the event that the parents or legal guardians cannot be contacted for consent.

Name of Minor Volunteer _____

Date of Birth _____

Name of Parent or Legal Guardian (print) _____

I, the parent or legal guardian of the above Minor Volunteer _____, agree that the above Minor Volunteer can participate as a volunteer for Pathfinder Mission. In the event that Minor Volunteer becomes ill or injured while participating, I consent to the following:

1. All necessary medical treatment may be administered by a licensed physician or dentist either at his/her office or at the nearest hospital or clinic.
2. If necessary, the minor volunteer may be transferred to a specialty hospital for further treatment.

I understand that all medical expenses are my responsibility. I hereby release Pathfinder Mission and its employees of all liability which may arise from accident or illness while the above Minor Volunteer participates in the event and all its related activities.

Additional Information (please print):

Family Physician: _____ Phone () _____

Specialty Physician, if applicable _____ Phone () _____

Medical Insurance Company _____ Policy # _____

Name of Cardholder _____ **Date of Tetanus** _____

Known Allergies (food, medications, insect bites, etc.) _____

Medications currently being taken _____

Concerns regarding medical conditions or health issues _____

Signature of parent or legal guardian of the Minor Volunteer _____ Date _____