PARENT/GUARDIAN VOLUNTEER
CONSENT FORM & LIABILITY WAIVER

Thank you for volunteering. We greatly appreciate your assistance and commitment to volunteering at the Particular Council of St. Vincent de Paul of Baton Rouge, Louisiana ("St. Vincent de Paul"). This is an annual form where you agree to release St. Vincent de Paul for all liability while performing volunteer duties with St. Vincent de Paul. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the "Release") executed on this _____day of_____20___, by _____(the "Volunteer or legal guardian") in favor of St. Vincent de Paul, a non-profit corporation, their directors, officers, employees, and agents (collectively, "SVDP").

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Parent Cell Phone: _____

I, _____ , grant permission for my child, _____,
Parent/Guardian Name Child's Name

to volunteer at St. Vincent de Paul and engage in the activities related to being a volunteer. The volunteer understands that the activities may include working in the dining room, shelters, thrift stores and participating in special events at other locations away from the main campus of St. Vincent de Paul. Volunteer activities will take place under the guidance and direction of St. Vincent de Paul employees and/or trained volunteers. A brief description of the activity/activities follows:

Type of Activity: _____

Destination/Location: _____

Individual in Charge: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Vincent de Paul, it's officers, directors, employees and agents, chaperones or representatives associated with the activity from any claim arising from or in connection with my child participating in the activity or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and agree to compensate St. Vincent de Paul, it's officers, directory and agents for any action brought against them resulting from the negligence of my child.

Signature _____ Date: _____

(Parent or legal guardian)