



Gray Angels Inc
2430 Shadowlawn Dr., STE 12
Naples, FL 34112
(239) 793-6000
A 501(c)3, not-for-profit corporation

Volunteer Consent & Release Form for Minors

Print Minor's Name: _____ **Date:** _____

- 1. Volunteer Participation:** I acknowledge that my child _____ is **under the age of 18**, a legal minor and has voluntarily applied to assist Gray Angels Inc as a Volunteer. I understand that my child will not be paid for his/her services, that he/she will not be covered by any medical or other insurance coverage provided by Gray Angels Inc, and that he/she will not be eligible for any Workers Compensation benefits.
- 2. Release:** In consideration of the opportunity afforded my child to assist in this at Gray Angels Inc, I hereby agree that I, my child, my assignees, heirs, guardians, and legal representatives, will not make a claim against Gray Angels Inc, or any of their officers or directors collectively or individually, for the injury or loss of my child or damage to his/her property, however caused, arising from his/her participation at Gray Angels Inc. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or loss to my child, or damage to his/her property, sustained in connection with my participation at Gray Angels Inc. I further consent to the use of Gray Angels Inc and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recordings of my child.

Date: _____ Gray Angels Inc Rep: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

IN CASE OF EMERGENCY, CALL ME AT: _____