



## Permission and Waiver of Liability Agreement for Children, Parents and Guardians

*\*\*Important: parents/guardians must complete this Permission and Waiver of Liability Agreement as part of the registration for participation in our volunteer activities. Please read carefully as this agreement affects your legal rights.*

**Little Helping Hands** wants registrants in our programs to be aware in advance that, when they participate in certain volunteer activities, there is a natural element of risk of injury that each participant must assume. In order to provide you and your family with meaningful volunteer activities, we require program participants to execute this Permission and Waiver of Liability Agreement. Little Helping Hands does not carry medical or accident insurance for program participants because the cost of that type of insurance would make program fees associated with our efforts to coordinate volunteer activities prohibitively expensive. Please review your own personal health insurance plan to be certain that you and your family have proper coverage.

This Permission and Waiver of Liability Agreement is part of the registration for participation in all sponsored activities. You may also occasionally be presented with additional release forms from our partner/affiliate organizations that may be required based on the particular risks involved in the volunteer activity for which you register to participate. If so, that additional material or agreement will become part of this Permission and Waiver of Liability Agreement.

Thank you for your cooperation and support of Little Helping Hands.

### **Volunteer Participation**

By executing this agreement I am granting my child(ren) permission to be a minor volunteer for participation in activities sponsored or coordinated by Little Helping Hands. I understand that all participation by me or my child(ren) in activities coordinated or sponsored by Little Helping Hands is voluntary and will be performed without any expectation of compensation, insurance coverage or cost reimbursement.

### **Assumption of Risk**

As a volunteer, parent and/or guardian, I recognize that there are certain risks associated with participation by me and my child(ren) in volunteer activities, and I agree to assume the full risk of any bodily injury, personal injury, illness, death, or property damage that may result from participating, in any manner, in activities coordinated or sponsored by Little Helping Hands.

### **Release and Waiver of Liability**

I release, waive and hold harmless Little Helping Hands, its partners, affiliates, directors, officers, employees, agents, and independent contractors, from any liability or claim resulting from any bodily injury, personal injury, illness, death, or property damage that I or my child(ren) may incur as a result of participating in volunteer activities sponsored or coordinated by Little Helping Hands and its partners or affiliates. I also agree to indemnify, hold harmless and defend Little Helping Hands and all released parties against any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, that may arise in connection with my conduct or the conduct of my child(ren) in connection with our volunteer service.



**Photographic and Video Release and Intellectual Property Rights.** I grant full permission and rights to use, without compensation, photographic images and videos of me and my children and quotations made by me and my children relating to our volunteer service in materials, advertisements, or other promotions for Little Helping Hands. I understand that it is the policy of Little Helping Hands to use only first-names, pseudonyms, or de-identified images, videos, or quotations in its materials to help protect my privacy and the privacy of my child(ren).

I have read and understand the above Permission and Waiver of Liability Agreement. I understand that Little Helping Hands does not and cannot provide insurance or protection against injuries sustained by program participants, and I fully accept the risk of injury that may be associated with participation in volunteer activities. I also understand and agree that this document is valid in and of itself as a waiver and release of liability and discharges any and all claims of liability that I or my minor children may result from our volunteer service. This Agreement is governed by Texas law, and any provision that may be held invalid by a court shall not affect the enforceability of the remainder of the Release.

Volunteer Parent(s)/Guardian(s):

(1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

(2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Volunteer Child(ren):

(1) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_  
(month/year)

(2) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_  
(month/year)

(3) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_  
(month/year)

(4) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_  
(month/year)

(5) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_  
(month/year)