

## Minor Volunteer Parental Consent Form, Volunteer Terms & Conditions

Last Name (print):	First Name (print):	
Parent/Guardian Last Name (print):		
Parent/Guardian First Name (print): _		
Parent/Guardian Address (include Apt	z. #):	
City:	State:	Zip Code:
Primary Phone:	Alternate Phone:	
Email:		
reimburse, indemnify and hold The officials free and harmless at all tifines, damages or causes of action of at trial or appellate levels or otherwolunteer service.  I hereby assume the risk of participates Beach, its agents, designees, employed all claims, liability, expenses, lossed character, including attorney's fees at their acts, errors or omissions resurproperty incident to or in connection.  I understand that this release includes of the City's employees, agents, and COVID-19, whether a COVID-19 introduction.	articipation in the volunteer program, City of Satellite Beach its agents, designes from and against all claims, liability of every kind and character, including attorvise, arising during, as a result of, or interest of the control	nees, employees, and elected ality, expenses, losses, costs, mey's fees and costs, whether a connection with my child's to hold The City of Satellites at all times from and against action of every kind and levels or otherwise, due to a, or damage to my child's rogram.  It, or inaction of the City or any ury (including death) due to on in the City's programs and
Volunteer Signature		Date
Parent/Guardian Signature		Date