

Youth Volunteer Waiver and Acknowledgment Form

Important! To be completed by the Parent/Guardian for youth 17 years of age or younger.

Youth Volunteers ages 14 and under are welcome to volunteer but must be accompanied by an adult guardian or parent. Youth volunteers ages 15-17 do not need to be accompanied by a parent or guardian, but must have parent or guardian permission as expressed in the signed waiver.

Below, the phrase "the Agency" refers to "Catholic Charities of the Archdiocese of Galveston-Houston."

Media Release:

- I understand that only the CEO or their designee may make public statements on behalf of the Agency or its programs.
- The Agency will be the sole owner of the right to use, or not use, my likeness in promotions.
- I understand I will not be eligible for any compensation related to the production and use of my name or likeness in promotional or advertising materials.
- If I do not wish to be photographed or interviewed for news or promotional coverage, I will remove myself from situations where my wishes might be violated.
- I agree to waive my rights to hold the Agency or its associates responsible for any liability, loss, or damage that occurs from my participation in any promotional activities.

_____ I DO grant the Agency permission to use my name, image, voice, appearance and likeness as the Agency deems fit. This may include, but is not limited to, print advertising, public service announcements, promotional videos, etc.

_____ I DO NOT grant the Agency permission to use my name, image, voice, appearance and likeness as the Agency deems fit. This may include, but is not limited to, print advertising, public service announcements, promotional videos, etc.

Liability Waiver:

- I hereby agree to assume all risks which may be associated with or may result from my volunteer participation with the Agency. I understand that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with, or independent of, my actions can cause me injury. I waive all claims for damage, loss, or injury to my person or property that may be caused by any act, or failure to act, of the Agency, its officers, employees, volunteers, or any affiliated agency.
- Consent is expressly given, in the event of injury, for any emergency medical treatment if, in the opinion of an attending physician, such treatment is necessary.

Confidentiality Agreement:

- I understand that all information that I may obtain regarding clients or the Agency through the staff, volunteers, or clients is considered confidential. I will not disclose any such information unless required to do so by the Agency.

Volunteer Guide Acknowledgement:

- As a volunteer with the Agency, I will comply with policies presented to me. Unless this is a group project, I have received copies of the Volunteer Guide and the Ethical and Personal Policy and understand what is being asked of me as a volunteer of the Agency.

Communication:

- I grant Catholic Charities permission to add me to lists to receive email communication. I understand that I may opt out of them at my discretion.

In signing below I agree with all of the above on behalf of my youth and my youth agrees to abide by any/all policies and rules established for this event/activity. Should he/she not be able to maintain the guidelines and expectations of the adults and their peers, I understand that there will be consequences for their actions, including being removed from the activity and being sent home.

I (name of parent/guardian) _____, grant permission for my child, (participant's name), _____ to volunteer with Catholic Charities of the Archdiocese of Galveston-Houston.

Signature (Parent/Guardian)

Date

Emergency Contact Information

Name (Print) : _____ Relationship: _____

Cell number: _____ Other number: _____