

Nonprofit Youth Volunteer Waiver Form

Youth Volunteer Information

Full Name

Date of Birth

Address

Phone Number

Email

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Medical Information

Allergies or Medical Conditions

List any allergies or important medical information

Emergency Contact Name

Emergency Contact Phone

Waiver and Release of Liability

I, the undersigned, acknowledge that participation in volunteer activities involves inherent risks. I voluntarily assume all such risks and waive, release, and discharge [Nonprofit Organization Name], its directors, officers, employees, and agents from any and all liability arising out of or in connection with my/my child's participation. I certify that the information provided is true

and complete.

Parent/Guardian Signature

Date

Youth Volunteer Signature

Date
