

# 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

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Date

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Youth Volunteer Signature

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Date

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