



**Province of St. Joseph of the Capuchin Order**  
**Parental/Guardian Release and Waiver of Liability for Minor Volunteer**  
**Updated: May 2024**

As the minor's parent/guardian, I hereby consent to my child's participation in the volunteer activities at the Province of St. Joseph of the Capuchin Order. I, the undersigned, assume all risks which are foreseeable and involved with or may arise out of the minor's participation in volunteer work at the Province of St. Joseph of the Capuchin Order, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect or condition of the concessions provided, or the unavailability of emergency care. I agree to indemnify, hold harmless, waive and relinquish all claims against the Province of St. Joseph of the Capuchin Order, its officers, agents, employees, representatives, and volunteers arising from any of alleged negligent acts or omissions, including those connected with the transportation to and/or from any event or activity in which my minor child participates.

I am not aware of any physical or medical conditions that would interfere with my minor's ability to volunteer. If the minor is injured or becomes ill and neither I nor any other contact identified below can be reached, I give the Province of St. Joseph of the Capuchin Order permission to seek medical attention for him/her.

As the minor's parent/guardian, I understand that I must accompany the minor in person at the assigned times given by the coordinator at the Province of St. Joseph of the Capuchin Order ministry. If I am not available, then I must assign an adult chaperone who would be responsible to accompany, drop off and pick up the minor at the Province of St. Joseph of the Capuchin Order ministry. I must notify the coordinator of the Province of St. Joseph of the Capuchin Order ministry, in writing below, the full name(s) of the approved person(s) responsible for acting as an adult chaperone on my behalf.

I also consent that the minor's behavior and actions must comply with the Province of St. Joseph of the Capuchin Order standards, and must comply with all the instructions of its representatives. If the minor does not comply, it will result in dismissal of all volunteer duties.

I, the undersigned, give The Province of St. Joseph of the Capuchin Order, its ministries, affiliates, and any person acting under its permission and authority (hereinafter called The Capuchins), the unqualified right, privilege and permission to reproduce in every manner or form, publish and circulate video tapes, DVDs, photographs, negatives and transparencies of the minor and his/her artwork arising out of this Capuchin sponsored event and activities. Furthermore, I hereby grant and transfer to The Province of St. Joseph of the Capuchin Order, all the minor's rights and any interest they may have in the finished video tapes, DVDs, pictures, negatives, reproductions and copies of the original video tapes, DVDs, prints and negatives, and further grant the right to give, sell, transfer, and exhibit the video tapes, DVDs, negatives or prints or copies of facsimiles thereof, to any responsible individual, business firm, publication or their assignees

- Yes, I give consent for the Province of St. Joseph of the Capuchin Order to photograph/video record my child.
- No, I do not give consent for the Province of St. Joseph of the Capuchin Order to photograph/video record my child.

Minor's name (printed): \_\_\_\_\_

Parent/Guardian name (printed): \_\_\_\_\_

Parent/Guardian name (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian phone contact: \_\_\_\_\_ Allergies of Minor: \_\_\_\_\_

List of approved chaperones for Minor (printed):

_____	_____
_____	_____
_____	_____