In consideration for my minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name of minor volunteer)* being permitted to participate as a volunteer in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name of CHS facility, program, department, etc.)* I, myself, and on behalf of my minor child, my family, legal representatives, heirs and assigns, hereby release and hold harmless Children’s Home Society of Florida, its officers, directors, employees and agents, from any claim, or cause of action, which would accrue to my minor child for personal injury, including death, and property damage, whether caused by the active or passive negligence of The Children’s Home Society of Florida, its officers, directors, employees and agents, or from any other cause.

I understand that my minor child may not come in contact with Children’s Home Society of Florida clients living in a residential or emergency shelter. Any other client contact is at the discretion of CHS program leadership.

I expressly agree that this Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of Florida.

**I CERTIFY I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.**

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|  |  |  |  |  |
| **Parent/Legal Guardian Name (Please Print)** |  | **Parent/Legal Guardian Signature** |  | **Date** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Witness Name (Please Print)** |  | **Witness Signature** |  | **Date** |