



Apple Valley Chapter

PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY

I authorize and give permission for my child, _____, to serve as a youth volunteer and to participate in Red Cross activities and events under the supervision of an American Red Cross staff member. I, the parent/guardian of the above-named minor, for myself and behalf of my child:

1. Acknowledge that my child's participation with the Apple Valley Chapter of the American Red Cross may involve risk of injury, including economic losses, which may result from my child's own actions, inactions, or negligence; from the actions, inactions, or negligence of others; from the conditions of the facility; or from the equipment or areas where the event is being conducted.
2. Release, waive, discharge, and relinquish the American Red Cross and the _____ Chapter, their officers, directors, employees, and agents, from any and all liability, loss, damage, claim, demand, or cause of action against them, arising out of or related to my child's participation in Red Cross activities as a youth volunteer.
3. Assume all risks of bodily injuries to my child and give permission for my child to be taken to a hospital and/or treated by licensed medical staff for medical emergencies of illness and/or injuries, and for licensed medical staff to take emergency measures as they deem appropriate.
4. Agree that photographs, pictures, slides, movies, or videos of my child may be taken in connection with his or her participation in Red Cross events or activities. I understand that participation offers no remuneration, and consent to the use of photographs, pictures, slides, or videos for any legal purpose.

I have read this document, I understand that it has significant legal consequences, and I sign it voluntarily.

Printed Name

Signature

Date