



PARENTAL CONSENT & RELEASE FOR MINOR VOLUNTEERS

In order to participate in the UFSC-PS Chapter & FSC-PS Charitable Foundation Volunteer Program, minors are required to obtain parental consent:

As the ___ parent ___ legal guardian [check one] of _____ ("my child"), I hereby authorize my child to participate in the UFSC-PS Chapter and FSC-PS Charitable Foundation Volunteer Programs housed at eEnterprises International LLC. I understand that my child is being allowed to provide volunteer services on eEnterprises International property at my request. I recognize that in handling other community volunteers and performing other volunteer tasks, a risk of physical injury, including, but not limited to that which could be caused by office administration exists. In consideration of the permission granted to my child by eEnterprises International LLC to participate in this volunteer work,

I HEREBY ASSUME ALL RESPONSIBILITY AND RISK OF INJURY THAT MIGHT OCCUR TO MY CHILD OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND PETS ALIVE, INC., ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY MY CHILD IN CONNECTION WITH MY CHILD'S VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY THE NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF THE UFSC-PS CHAPTER OR FSC-PS CHARITABLE FOUNDATION. FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND PETS ALIVE, INC., ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY CHILD'S PERFORMING VOLUNTEER SERVICES.

AGREED to this _____ day of _____, 20_____

Signature of Parent/Guardian Parent/Guardian Name (Printed)

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Phone (206) 660-9295 □ Fax (206) 632-2439
www.eEnterprisesIntl.com



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Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____