## Minor Consent Volunteer Waiver Form

This form is to be turned into the sponsoring Recreation Council

I understand that my child, \_\_\_\_\_\_ is volunteering his/her time with Carroll County Department of Recreation and Parks and the following Recreation Council Program:

Volunteer Activity: \_\_\_\_\_\_. The dates for volunteering are:

I attest that my child is physically fit and prepared to assist the Recreation Council program and related activities, and that my child's involvement in such activities is fully voluntary. I am allowing my child to participate at his/her own risk. By my signature below, I acknowledge that there are inherent risks and dangers associated with volunteering for recreation activities, and that Carroll County Department of Recreation and Parks does not provide medical or hospitalization insurance. I hold Carroll County Commissioners and their agents harmless from all claims of injury, damage, or loss which may result from my child's participation as a volunteer.

I agree to allow Carroll County Recreation and Parks to take and utilize photographic images of my child for the purpose of promoting and publicizing the Department's programs and/or events. If I prefer not to allow the child to be photographed, I will call 410-386-2103 to report my request.

To request a volunteer ID badge, please forward a copy of this application, along with a photo, to ccrecvolunteer@ccg.carr.org

Child's Name: \_\_\_\_\_\_
DOB: \_\_\_\_\_

email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone cell/home:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, 410.386.3600 or 1.888.302.8978 or MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.