



**Parental Consent & Release From Liability  
For Child Volunteer**

**Voluntary Participation**

I acknowledge that my child \_\_\_\_\_ meets the age requirement to volunteer with Frisco Family Services.

I understand as a volunteer that my child will not be paid for his/her services, that he/she will not be covered by any medical or other insurance coverage provided by Frisco Family Services, and that he/she will not be eligible for any Workers Compensation benefits.

**Release**

In consideration of the opportunity afforded my child to volunteer with Frisco Family Services, I hereby agree that my child, my assignees, heirs, guardians, and legal representatives, will not make a claim against Frisco Family Services, or any of its affiliated organizations, or any of their board of directors collectively or individually, or the supplier of any materials or equipment that is used by Frisco Family Services, or any of the volunteer workers, for the injury or death of my child or damage to his/her property, however caused, arising from his/her participation as a volunteer with Frisco Family Services. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to my child, or damage to his/her property, sustained in connection with his/her participation in the volunteer program of Frisco Family Services

I further consent to the unrestricted use by Frisco Family Services, and/or person(s) authorized by Frisco Family Services of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of my child.

**In case of emergency, please contact me as follows:**

Parent Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Signature)

Frisco Family Services Witness: \_\_\_\_\_ Date \_\_\_\_\_