



Youth Volunteer Waiver

Please read carefully.

If you are **under age 18**, a parent or legal guardian must sign this waiver.

If you are **16 and under**, a parent or legal guardian must sign this waiver and accompany you, unless you are a Leadership University participant or are with an organized, chaperoned group which has RIFA's permission to participate.

All information will be kept confidential.

Minor Child Information

First Name: _____ Last Name: _____ Date of Birth: _____

Organization, school, or other volunteer group name: _____

Parent/Guardian Information

Title: _____ First Name: _____ Last Name: _____ Marital Status: _____

Address: _____ City, State: _____ Zip Code: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Email Address: _____ Date of Birth: _____ Race (optional): _____

Emergency Contact Information

Title: _____ First Name: _____ Last Name: _____ Marital Status: _____

Address: _____ City, State: _____ Zip Code: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

I, _____, do hereby release RIFA, its agents, and its representatives from any liability and responsibility that may arise in connect with volunteer duties performed by myself or my minor child (initial here) _____. I also hereby consent for RIFA to use my or my minor child's name, likeness, or program participation for public relations purposes; I understand that I will not receive compensation for any such use (initial here) ____.

Signature (of parent or guardian): _____ Date: _____