



## HOUSE OF MERCY MINOR VOLUNTEER AGREEMENT

Minor's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

As the parent/guardian of a minor volunteer of the House of Mercy, I understand that participation in this service may involve some risk and I release, hold harmless, and waive all claims associated with this activity which I may have against House of Mercy, its employees, directors, volunteers, clients, and customers.

Parent/Guardian's Signature: \_\_\_\_\_

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