



## 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. I, also, give permission to House of Mercy to use and publish any photographs taken for educational and promotional purposes without compensation.

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

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