San José State University
Volunteer Release Form for Minors
Parent Consent Form

(To be completed and signed by parent/guardian of volunteer if volunteer is under 18 years of age)

Event Activity:	Date:

Volunteer's Name:		
Address:		
City:	State: --SELECT--	ZIP/Postal Code:

Health & Accident Insurance Contact:	Policy #:
Emergency Contact Name:	Emergency Contact Phone:

I, _____ , being the parent or legal guardian of

_____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for San José State University.

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the CSU and that failure to do so may result in the Minor's immediate removal as a volunteer. I am aware of the nature of the activities to be performed by the Minor as a volunteer.

These activities will include, but are not limited to the following type of activities:

I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold the State of California, the Trustees of the California State University, San José State University, and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity. I hereby release and discharge the CSU and the Trustees of the California State University, San José State University, and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Parent/Legal Guardian Signature

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between San José State University and myself and I sign it of my own free will.

Print Full Name

Signature

Date