



Acknowledgement of Volunteer Relationship of Child / Legal Ward and Release of Liability and Indemnification

I agree to allow my child/legal ward to donate their services for public service, religious or humanitarian reasons. I understand that my child/legal ward's participation in this volunteer position is not in exchange for any consideration, including without limitation, pay, medical or other benefits, or the promise of future employment. I acknowledge that in exchange for my child's/legal ward's service as a volunteer, neither I nor my child/legal ward has been promised or expect to receive, any payment or other consideration.

I acknowledge and understand that as a Santa Clara University ("University") volunteer my child/legal ward is not a University employee. I understand and agree that either the University, my child/legal ward, or myself may end the volunteer relationship at any time, for any reason, with or without advance notice.

I hereby certify that my child/legal ward does not suffer from any physical infirmity or chronic illness which would affect my child's/legal ward's ability to safely volunteer at the University. I also understand that Santa Clara University does not provide health or accident insurance coverage for any volunteers.

I hereby agree to waive, release and discharge any and all claims for damages, death, illness, personal injury or property damage which I may have against Santa Clara University, its Trustees, directors, officers, employees, students and agents as a result of my child/legal ward's volunteering at Santa Clara University.

I agree to defend, indemnify, and hold harmless Santa Clara University, its Trustees, directors, officers, employees, students and agents from any and all liability, as described above, that may occur as a result of my child's/legal ward's volunteering, but not to the extent that such liability is due to the sole negligence or willful misconduct of Santa Clara University.

I HAVE READ THIS CONSENT FORM AND UNDERSTAND ITS TERMS. I EXECUTE THIS CONSENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. BY SIGNING THIS CONSENT FORM I ATTEST TO THE FACT THAT I AM EIGHTEEN YEARS OF AGES OR OLDER AND THAT I AM THE LEGAL GAURDIAN OF THE BELOW NAMED VOLUNTEER.

Date

Parent/Guardian Name

Parent/Guardian Signature

Volunteer (please print name)

Volunteer's Signature

Received by (Department Representative)

Date