



PARENT'S AUTHORIZATION AND RELEASE

I agree to allow my son/daughter, _____, to serve as a volunteer at the Hope Center. I understand that my child will be with a guardian or adult chaperone/group leader the entire time they volunteer.

In consideration for their opportunity to volunteer, I release, discharge and relieve the Hope Center from any and all claims whatsoever of any nature arising out of as his/her volunteer services associated with the Hope Center and all related activities.

Parent or Guardian (Name)

Signature

Date