

Youth/Child Volunteers with Sanctified Hope (SH)

All volunteers below the age of 18 must be **approved by the Sanctified Hope Volunteer Coordinator and have a signed waiver** by a parent or guardian to serve at our facility.

Each group must qualify under one of the following guidelines:

- Community Group (school, church, organization): Adult supervision is required at all times and must have a minimum 1:6 ratio of adults to children/youth. The specific activity must be agreed upon prior to serving, with appropriate equipment, clothing, for the activity followed. Volunteers under age 18 cannot serve anywhere on our property by themselves or be in contact with our participants without supervision.
- Adult with a child: The parent, grandparent, or legal guardian must be present at all times, serving within eyesight of the child with vigilant supervision.

The Sanctified Hope Staff reserves the right to grant or revoke permission of any guideline stated above as they deem necessary.

(Waiver form on page 2)

**MINOR LIABILITY WAIVER - FOR VOLUNTEERS AGED 17 AND YOUNGER AT
SANCTIFIED HOPE. PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL
RIGHTS. This waiver must be completed by Parents / Guardians for any minor volunteer.**

By signing below, I, on behalf of myself and the named minor, our respective personal representatives, assigns, heirs, and next of kin (collectively, the "Releasing Parties"), do hereby agree to indemnify and hold harmless Sanctified Hope, its employees, volunteers or Agents (collectively, the "Released Parties") from any and all liability, claims, demands, actions or causes of action, or any kind of nature, arising out of or related to any damage, illness or injury, regardless of severity, resulting from the performance of the named minor's assigned duties as a volunteer ("Claims"). On behalf of myself and the Releasing Parties, I hereby expressly waive any right of action against the Released Parties relating to or arising from any Claim in consideration of the named minor's participation as a volunteer for the Houston Food Bank. I hereby acknowledge that I know of no medical reason that would preclude the named minor from serving as a volunteer.

It is my express intention, and the express intention of the Released Parties, that this release COVERS AND RELEASES ANY AND all claims and all consequences of the acts or omissions of the Released Parties, including acts of negligence, alleged negligence, gross negligence OR INTENTIONAL ACTS, including where same are the CAUSE OR contributing cause of the claims.

Sanctified Hope also has permission to use the named minor's voice, name, likeness, photograph, or videotaped image in publicity about its activities without additional prior notice or permission and without compensation.

By signing below, I acknowledge that this waiver and release of liability is being agreed to by me on behalf of myself and the named minor voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I agree that in the event that any clause of this waiver and release of liability shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions. I certify that I have reached the age of majority, and that I have read the above waiver and release of liability and fully understand its contents.

Group Name (if applicable)	Volunteer Shift Date and Start Time	
Minor's Full Name		Age of Minor
Street Address	City / State / Zip Code	
Parent / Guardian Phone	Parent / Guardian Email Address	
Parent / Guardian Signature	Date Signed	