



Steele County Volunteers CERT, SKYWARN & RACES MINOR VOLUNTEER PERMISSION REQUEST

Minor's First & Last Name: _____
Address: _____
Home Phone: _____ Parent's Work: _____
Age: _____

Release of Liability

Parents MUST Read and Sign Waiver Below Before Participating as a Volunteer for Steele County.

In consideration of your accepting my child, I hereby, for myself, my child, my spouse, heirs and successors or assign, waive, release, any and all rights and claims that I, my spouse, or my child may have against Steele County, its servants, agents, or employees, for any and all injuries or other damages arising out of or connected with participation as a Volunteer for Steele County. I further agree and consent to emergency treatment of my child by a physician or hospital in the event that I cannot be reached.

Parent's Name (please print): _____

Parent's Signature: _____

Parent's Name (please print): _____

Parent's Signature: _____

Person to be notified in case of emergency: _____

Telephone number(s): _____

Signature of Volunteer Leader

Leader Date