



# Minor Consent - Waiver Form

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

**Volunteers aged 13 to 18, who are not accompanied by a parent or legal guardian are required to bring this waiver form, signed by his/her parent or guardian, to the Event Lead the day of the event. Without this form, the minor will not be able to volunteer.**

**Volunteers under the age of 13 must be accompanied by a parent or legal guardian to volunteer. Parents/Guardians, if your child is coming with you to volunteer, the expectation is that they can be independent and support the bike parking program without your need to supervise them the entire time. You will be working together but must be able to leave them unattended at times. If you are unsure if this is an age appropriate volunteer activity for your child, please contact the Bike Parking Manager.**

I understand that my minor child or ward, \_\_\_\_\_, is spending the day as a volunteer for Silicon Valley Bicycle Coalition (“SVBC”), a nonprofit organization. I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on their behalf. I attest that my child or ward is physically fit and prepared for this event and all related activities. I grant full permission for SVBC, its nonprofit partners, its officers and directors, partners, employees, agents, and volunteers (“Releasees”), to use photographs, video, and audio of my child or ward, and quotations from my child or ward, in accounts, promotions and publications of this event and these activities, and I hereby waive my right of publicity in connection with such issues.

SVBC does not provide Worker’s Compensation Insurance coverage for volunteer participants, who are excluded from requirements for such coverage by law. In connection with my child or ward’s voluntary involvement in activities for SVBC, I hereby agree, for me and my child or ward, our heirs, assigns, executors and administrators to release and discharge Releasees from all claims, demands and actions for injuries or death sustained to my child or ward and /or damage to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or ward’s involvement in such activities, whether or not resulting from my child or ward’s negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releasees harmless from any cause or action, claim or suit arising therefrom.

I attest that my child or ward’s attendance and involvement in such activities is fully voluntary, that I am allowing my child or ward to participate at his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing in below, I am agreeing to all stipulations as stated above.

Parent or Legal Guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian’s full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Minor’s name: \_\_\_\_\_ Minor’s birth date: \_\_\_\_\_