



**VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)  
PARENTAL CONSENT REQUIRED**

**Youth Volunteer**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Parent or Legal Guardian of Youth Volunteer**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Text: Yes or No

Primary Email Address: \_\_\_\_\_

Relationship to Youth Volunteer: \_\_\_\_\_

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a Volunteer for Feathers of A Flock Sanctuary. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the minor must comply with the rules and regulations established by Feathers of A Flock and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all



volunteer activities are to be performed by the Minor at the Minor's risk, and I assume full responsibility, therefore.

On behalf of myself, the minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Feathers of A Flock their population served, volunteers, or board members responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Feathers of A Flock. I hereby release and discharge Feathers of A Flock, their volunteers and board members from any and all claims, demands, causes of action of any nature or cause, from any such injury or damage incurred or suffered by the Minor.

I have read and fully understood all Rules and policies that Feathers of a Flock is asking from my Minor as a Volunteer.

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Signature of Parent/Legal Guardian

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Date