



California State University, Fullerton
Volunteer Release Form for Minors
Parent Consent Form

University Risk Management • College Park 700
Phone (657) 278-8673 • Fax (657) 278-1556
http://riskmanagement.fullerton.edu

(To be completed and signed by parent/guardian of volunteer if volunteer is under 18 years of age)

Event/Activity: _____ Date: _____

Volunteer's Name: _____
Address: _____

Health & Accident Insurance Contact: _____ Policy #: _____

Emergency Contact Name: _____ Phone: () - _____

I, _____, being the parent or legal guardian of
_____ (the "Minor") hereby consent to and authorize the Minor to act as
a volunteer for California State University, Fullerton (CSUF).

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 from time to time by CSUF 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. These activities will
include, but are not limited to the following type of activities:

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 to indemnify and
hold the State of California, the Trustees of the California State University, CSUF and each of their officers,
employees, representatives and volunteers free and harmless from and against all claims, damages, losses and
expenses, including attorney fees, that the Minor may sustain while participating in the volunteer activity. I
hereby release and discharge the State of California, the Trustees of the California State University, CSUF and
each of their officers, employees, representatives and volunteers from any and all claims, demands, causes of
action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Parent/Legal Guardian Signature

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a
release of liability and a contract between CSUF and myself and I sign it of my own free will.

Print Full Name: _____

Signature: _____ Date: _____