



**HandsOn**  
GREATER RICHMOND

## HandsOn Greater Richmond Youth Volunteers Parent/Guardian Waiver

Date Received \_\_\_\_\_

I hereby give my permission for my child or ward to participate in volunteer activities with HandsOn Greater Richmond, a program of the Partnership for Nonprofit Excellence. I understand that as a volunteer with HandsOn Greater Richmond, my child or ward will be volunteering his/her services at a local nonprofit or school. I understand he/she is volunteering his/her services solely for his/her personal purposes or benefit without promise or expectations of compensation or benefits. I understand that the nature of the volunteer activities typically performed by HandsOn Greater Richmond volunteers, may involve physical activity contact with unidentified or unfamiliar persons, contact with persons who may have communicable diseases and/or handling materials and supplies such as paint or potential risk of injury or discomfort. Knowing this, I give permission for my child or ward to volunteer and hereby assume the risk, with respect to any liability of HandsOn Greater Richmond and the Partnership for Nonprofit Excellence, for such risks, of any accident or injury to person or property which he/she may sustain in connection with his/her participation as a HandsOn Greater Richmond volunteer or in any HandsOn Greater Richmond-related activity. I also give HandsOn Greater Richmond permission to take my child or ward to the hospital in case of any emergency. In addition, I hereby release and discharge HandsOn Greater Richmond and the Partnership for Nonprofit Excellence and any of its directors, officers, employees, partners, agents, and successors from any liability or responsibility for any such accident or injury.

I hereby confirm, represent, and warrant that my child/ward has never been convicted or charged with any crime involving or relating to child abuse or neglect, child pornography, child abduction, or any other violent offense, including kidnapping, rape or any sexual offense, nor has my child/ward ever been ordered by a court to receive psychiatric or psychological treatment in connection with such crime or crimes.

I further grant permission for HandsOn Greater Richmond or the Partnership for Nonprofit Excellence to use my child or ward's name or photograph in any media, publications, advertising, or publicity in connection with this volunteer experience.

I understand that my child must meet the following conditions and hereby acknowledge the conditions can be met:

**The age of my child falls within the minimum/maximum age requirements as designated for the project:**

- "Youth Only!" projects are exclusively for youth ages 12-18 years old.
- "Family Friendly" projects are for all ages (though minimum age may vary), and youth volunteers under 16 must be accompanied by a parent/guardian.
- "16+" projects are regular HandsOn projects that have a minimum age of 16.

**Declaration:** I attest that my child or ward's attendance and involvement in such activities is fully voluntary, that my child has transportation to and from the project site, 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 below, I am agreeing to all stipulations as stated above.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Print)

\_\_\_\_\_  
SIGNATURE (of Parent/Guardian)

\_\_\_\_\_  
YOUTH'S NAME

\_\_\_\_\_  
SIGNATURE (of Youth volunteer)

\_\_\_\_\_  
YOUTH BIRTH DATE

\_\_\_\_\_  
YOUTH AGE

Parent/Guardian contact (phone, email): \_\_\_\_\_