



## Parental Consent Form

*\* If you are 18 or over, you do NOT need a parental consent form, but must sign a Release of Liability.*

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation as a volunteer of Trinity Rescue Mission on \_\_\_\_\_. (Date)

I hereby release Trinity Rescue Mission, its Board of Directors and all Trinity Rescue Mission officers, employees, agents and volunteers from any and all liability resulting from this volunteer experience to the extent allowed by Florida law.

In the event of an accident, injury, or illness, I understand and consent that Trinity Rescue Mission shall have no responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness Trinity Rescue Mission will make every effort to contact parents/guardians immediately, if necessary.

Furthermore, I release Trinity Rescue Mission, its Board of Directors, and all Trinity Rescue Mission officers, employees, agents and volunteers from liability for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property.

**AS THE PARENT OF THIS MINOR CHILD, I AGREE THAT IT IS MY PRIMARY RESPONSIBILITY, THROUGH MYSELF OR PERSONS NOT AFFILIATED WITH TRINITY RESCUE MISSION SUCH AS YOUTH MINISTERS SPONSORS, CHAPORONES, ETC., TO PROVIDE FOR THE OVERSIGHT, SUPERVISION, SAFETY AND WELL BEING OF THIS CHILD DURING THE CHILD'S VOLUNTEER EXPERIENCE AT TRINITY RESCUE MISSION.**

\_\_\_\_\_  
**Signature of Minor Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Printed Name of Parent/Guardian*

( ) \_\_\_\_\_  
*Phone Number*