



WAIVER & RELEASE OF ALL CLAIMS-MINOR

In consideration for my minor child, _____ (insert name of minor volunteer) being permitted to participate as a volunteer in _____ (insert name of facility, program, department, etc.) I, myself, and behalf of my minor child, my family, legal representatives, heirs and assigns, hereby release and hold harmless United Way of Lake and Sumter Counties (UWLS), its officers, directors, employees, and agents, from any claim or cause of action, which would accrue to my minor child for personal injury, including death, and property damage, whether caused by the active or passive negligence of United Way of Lake and Sumter Counties, its officers, directors, employees, and agents, from any other cause.

I understand that minor child may not come in contact with United Way of Lake and Sumter Counties. Any other client contact is at the discretion of UWLS program leadership.

I expressly agree that this Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the law of the State of Florida.

I CERTIFY I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

Parent/Legal Guardian Name
(Please Print)

Parent/Legal Guardian Signature

Date

Witness Name (Please Print)

Witness Signature

Date