

PARENT/LEGAL GUARDIAN CONSENT FORM

Minor Child's Name:

, the Undersigned, am the parent or legal guardian of the my minor child to volunteer services to Ascencia. I acknowle volunteer services which Ascencia volunteers typically perfovolunteer may perform may involve (a) physical activity unidentified and unfamiliar persons, (c) travel to and from other potential risk of injury.	edge and agree that the nature of the rm, and which my child as an Ascencia (including walking), (b) contact with
Notwithstanding the preceding paragraph, I willingly and from the description of the desc	Ascencia for all liability for such risk, s or death to person or property which
The Undersigned gives permission for the above-named minor child to be given emergency medical treatment and/or transportation if necessary in the event of accident, injury or sudden liness while said minor is engaged in volunteer service to Ascencia. The Undersigned agrees to accept financial responsibility for any such medical treatment.	
The Undersigned also agrees to indemnify and hold harmless Ascencia for all claims arising out of my minor child's participation in the Volunteer Activities.	
The Undersigned understands that this document is intended to be as broad and inclusive as bermitted by the laws of the state of California and agree that if any portion of this Agreement s invalid, the remainder will continue in full legal force and effect.	
The Undersigned further acknowledges that I have read this release and fully understand the said terms and its contents hereof and I hereby give my express consent to the execution of this release and I will not revoke my consent.	
Print Name of Parent or Guardian	Emergency Contact Phone
Parent or Guardian Signature	Date

NO MINOR WILL BE ALLOWED TO PARTICIPATE IN A ASCENCIA PROJECT OR ACTIVITY WITHOUT A SIGNED RELEASE AGREEMENT.

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