



**VOLUNTEER SERVICE PARENTAL CONSENT
Required for participants under 18 years of age**

I, _____, by signing below, hereby attest to the following:

1. I am the legal guardian of _____, who is under eighteen years of age, and has my permission to participate as a volunteer from _____ to _____ at the Department of _____ at the University of Miami Health System (UHealth), according to the duties described in his/her Volunteer Service Application which I have read and signed.
2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami Health System, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami Health System persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the UHealth's facilities during his/her participation in the volunteer service.
3. I understand that as a UHealth volunteer, the University of Miami does not provide him/her with accident or medical insurance and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.
4. I have read and understood this Volunteer Service Parental Consent form and I voluntarily sign said document of my own accord.

Signature of Parent of Legal Guardian

Date

Print Name

Telephone

E-mail Address

Print the full name and address of a person who can be reached between the hours of 8:00 a.m. and 5:00 p.m. in case of emergency.

Name _____

Relationship _____

Address _____

Telephone _____

Provide one copy of this agreement to the University volunteer. Retain this agreement for seven years from end of service.