



**Volunteering Permission Form
(For Volunteers Under Age 18)**

I, the parent or guardian of _____, give my voluntary consent to his/her participation in Christian Children's Home of Ohio's Volunteer Program.

I hereby release Christian Children's Home of Ohio and their employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any 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, the above stated and its agents will make every effort to contact parents/guardians immediately.

Furthermore, I release Christian Children's Home of Ohio and their employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

(_____)_____
Phone Number