

MASSANUTTEN REGIONAL LIBRARY
Consent and Liability Waiver for Minor Volunteers

Name of Child /Youth Volunteer _____
Home Address _____

I (We) do hereby give my (our) permission for _____
to volunteer at Massanutten Regional Library (MRL). I understand this is the only form I will need to sign to
give such permission.

I (We) further agree that neither MRL, nor its officials, employees, agents, or representatives, whether
volunteer or paid, shall be held responsible by me (us) for any accident which may occur while volunteering. I
(We) understand that MRL and its representatives will take reasonable and responsible safety precautions.

In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical
emergency, MRL is authorized to arrange for emergency treatment, the cost of which will be the sole
responsibility of the parent or legal guardian.

Date: _____ Signature: _____
Parent(s) or guardian

MEDICAL INFORMATION

Emergency Contact _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Any allergies to medicines, foods, etc. _____
Any history of illness or medical conditions _____

Any medication currently being taken _____

MEDIA CONSENT

_____ YES, I give my consent to MRL to use interviews, photographs, or video of my minor child for the
purposes of education, communication, and promotion of the library.

_____ NO, I do not give my consent to MRL to use interviews, photographs, or video of my minor child for
the purposes of education, communication, and promotion of the library.

Signature of Parent or Guardian: _____

Date: _____