



Corpus Christi Museum of Science and History.

Youth Volunteers Parent/Guardian Consent and Agreement Form

The minimum age to volunteer is 16 years old. Volunteers under the age of 18 can volunteer for activities, projects and museum events, but must always be accompanied by a parent(s) or legal guardian(s). Volunteers under 18 years of age are required to bring this signed consent form to the Volunteer Manager at the Corpus Christi Museum of Science and History prior to volunteering for consideration.

A parent or legal guardian of each child volunteer must read and agree to the following: My signature on this form acknowledges that I consent to my child volunteering with the Corpus Christi Museum of Science and History. I have read, understand, and accept all terms listed below.

- Both the youth volunteer and his/her/their parent(s) or legal guardian(s) are required to attend Volunteer Orientation and submit a completed volunteer registration form.
- I understand that my child will be provided with any training necessary for the safe and responsible performance of assigned duties and that my child will be expected to meet all the requirements of the position. I understand that my child will not receive monetary compensation for the services contributed.
- CCMSH has my permission to use my child's photograph publicly to promote the event. I understand that images and videos may be used in print and online publications, websites, media and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
- I release CCMSH from any and all liabilities related to or arising from my child's service as a volunteer.
- I also understand that inherent risks may be associated with volunteer activities, including but not limited to, broken bones, concussions, sprains, paralysis, and death, and will not hold CCMSH accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during the time spent volunteering due to any underlying physical condition.

Parent/Guardian Name:

Date:

Parent/Guardian Signature:

Date:

Relationship to volunteer:

Phone:

Child's Name:

Child's Signature:

Date:
