

**CATHOLIC CHARITIES OF CENTRAL FLORIDA
VOLUNTEER CONSENT/RELEASE FORM**

Name: _____

Address: _____

Telephone: _____

(home)

(cell)

Company/School: _____

I AM AN ADULT (18 or older) ___yes ___no

SEX: ___Female ___Male

INFORMED CONSENT/RELEASE

I wish to become a volunteer with a program of Catholic Charities of Central Florida and will only perform activities that I am comfortable doing. I understand that my participation may involve physical activity and contact with unfamiliar persons. Knowing this, I wish to volunteer and assume all risk with respect to any accidents or injuries to person or property that I may sustain, including death. In addition, I hereby release and forever indemnify Catholic Charities of Central Florida, its directors, officers, employees, community partners, sponsors, volunteers, affiliates, agents, designees, and successors from any and all liability or responsibility, including claims based upon the action, or negligence of any of the released parties for any damage to property or personal injury, including death. If I do not fully comprehend this statement I will seek legal advice before signing.

SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____

(This is required if volunteer is under 18 years of age)