	I hereby certify that I am the adult parent or guardian of, a minor child who is years old*,
	and I consent to his/her participation in a volunteer capacity with
sustained by responsibili manner, and him/her up Services / Th responsible Additionally Thelma's Kin procedures,	Reconciliation Services/ Thelma's Kitchen. In the case that an emergency horize the person in charge to seek qualified medical aid for any injury my child. I understand that all costs incurred for medical expenses are my ty. Also, I understand that my child is expected to act in an appropriate d, if my child does not behave appropriately, I may be required to pick at the site. Once this document is signed, I understand that the Reconciliation telma's Kitchen Board of Directors, Staff, and Affiliates are not liable or for any personal injury, loss of property, negligent, willful or intentional act. I acknowledge that my son/daughter's participation in volunteering with the chen is entirely voluntary and understand that they are subject to the rules, and regulations of this organization. Furthermore, I acknowledge that I have derstand the above statements and that I am of legal age to bind myself to waiver.
all photogra recordings, including, b photographs	PHY RELEASE: I grant and convey to RS all right, title and interest in any and phic images in which my child may appear including video or audio made by RS or others on RS's behalf during my volunteer work for RS at not limited to, any royalties, proceeds, or other benefits derived from such sor recordings. Please note, we rarely name any minors depicted in photos d would only use a first name if so.
*Any child u	nder the age of sixteen (16) may not volunteer.
Name of Mi	nor Volunteer (Please Print):
Signature of	Minor Volunteer:
Name of Pai	rent/Guardian (Please Print):
	Parent/Guardian: