

Release of liability for volunteers under 18 years old – parental consent required

| Name of Minor Volunteer (printed) | :Age | : |
|-----------------------------------|------|---|
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Name of parent or guardian (printed): _____

I am the parent or legal guardian of the Minor Volunteer named above and I consent to and authorize the Minor to act as a volunteer for **Freewheels Houston**.

In return for the Minor Volunteer being allowed to participate in Freewheels Houston volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), I release and agree not to sue Freewheels Houston or its officers, directors and employees from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the participation of the Minor Volunteer.

I understand and agree that Freewheels Houston is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation of the Minor Volunteer in Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. The Minor Volunteer is voluntarily participating in Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Freewheels Houston for all claims arising out of the Minor Volunteer's participation in the Volunteer Activities. I also acknowledge that Freewheels Houston has not arranged and does not carry any insurance of any kind for the benefit of the Minor Volunteer or that of myself, parents, guardians, trustees, heirs, executors, administrators, successors, and assigns.

I represent that, to my knowledge, the Minor Volunteer is in good health and suffers no physical impairment that would or should prevent my participation in Volunteer Activities.

| Signature of parent or guardian: | |
|----------------------------------|-------------------|
| Date: | |
| Email (required): | Phone (required): |
| Revised 11/07/2023 | |