

# P.E.A.C.E. Volunteer Consent & Release Form

## Minor Volunteers (Ages 13–18)

**Organization:** P.E.A.C.E. Non-Profit

**Effective Date:** 1/1/2026

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### 1. VOLUNTEER INFORMATION

- Full Name of Minor: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### 2. PARENT/LEGAL GUARDIAN INFORMATION

- Full Name: \_\_\_\_\_
- Relationship to Minor: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)

- Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
  - Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_
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#### 4. CONSENT & LIABILITY WAIVER

I, the undersigned, am the parent or legal guardian of the minor named above. I hereby give my full consent for them to participate as a volunteer for **P.E.A.C.E.**

- **Release of Liability:** I agree to release, discharge, and hold harmless **P.E.A.C.E.** and its officers, employees, and agents from any and all claims for personal injury, illness, or property damage that may arise during volunteer activities.
- **Assumption of Risk:** I understand that volunteer work may involve certain risks, and I voluntarily assume these risks on behalf of my child.
- **Medical Treatment:** In the event of an emergency, I authorize **P.E.A.C.E.** staff to seek medical treatment or administer basic first aid as deemed necessary for the welfare of my child.
- **Photo Release (Optional):** I  **DO** /  **DO NOT** give permission for **P.E.A.C.E.** to use photographs or video of my child for promotional purposes on social media or their website.

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#### 5. SIGNATURES

By signing below, I acknowledge that I have read and understood the terms of this agreement.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minor Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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