Seed St. Louis Volunteer & Parent Waiver

If you are under the age of 18 and wish to become a volunteer at Seed St. Louis, please ask your parent/guardian to complete this form.
Parent/Guardian: We value your child's intention to become a volunteer with Seed St. Louis & appreciate your support of your child's commitment.

Minor's Name: _____ **Minor's Age:** _____

School / Organization: _____

Emergency Contact Name: _____ **Emergency Number:** _____

Are there any volunteer activities the minor must avoid? _____

Has the minor ever been convicted of a criminal felony? Yes* No **If yes, please explain the nature of the crime, the date of the conviction and the disposition. Conviction is not an automatic bar to volunteer service. Each case will be considered on its own merits.*

_____

MEDIA RELEASE. I hereby agree and give my permission for Seed St. Louis to record, film, photograph, audiotape, or videotape the Child's name, image, likeness, spoken words, student work, performance, and movement in any form, and to display, publish, distribute, or exhibit for purpose of and in connection with any material that may be created by Seed St. Louis. This permission is without compensation or approval rights and is valid until revoked by me in writing. Revocation shall not affect any material previously prepared, published and/or utilized by Seed St. Louis and its affiliates during the time period my consent was in effect.

RELEASE. As consideration for Seed St. Louis' decision to allow the Child to act as a volunteer for Seed St. Louis, I hereby fully and forever release and discharge Seed St. Louis, its members, directors, employees, and representatives (collectively, the "Releasees") from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorneys' fees) **that are caused by negligence or fault on the part of any of the Releasees** in connection with the Child's volunteering with Seed St. Louis or as a result of or during any of the Releasees' administering of first aid to the Child or any of the Releasees' seeking of medical care for the Child. Furthermore, I agree that this Form shall be governed in every respect by the laws of the State of Missouri. This release of liability does not purport to release the Releasees from liability for intentional torts, gross negligence, or activities involving the public interest.

EMERGENCIES. In the event that the Child becomes ill or is injured during the program, I authorize Seed St. Louis to administer simple first aid. Furthermore, I authorize Seed St. Louis to seek medical care for the Child in the event that a medical emergency arises involving the Child; however, I understand that Seed St. Louis will attempt to contact me in advance of seeking such emergency treatment.

STATEMENT OF UNDERSTANDING. I understand that volunteers are not employees of Seed St. Louis, do not receive monetary compensation, and that all qualified volunteer applications will receive consideration without regard to race, color, sex, religion, national origin, citizenship, age, sexual orientation, disability, veteran status, marital status, or any other basis prohibited by law. As a parent/guardian of the volunteer of Seed St. Louis, I have been provided access to the Seed St. Louis handbook on the Seed St. Louis website and agree to follow all Seed St. Louis guidelines and policies stated therein. I am aware that Seed St. Louis has the right to release the child/minor from service at any time, just as I have the right to withdraw them from volunteer service at any time.

☐ **Media Release Opt Out (optional):** As the parent or guardian of the minor identified above, I understand that if I opt-out, Seed St. Louis will not record, film, photograph, audiotape, or videotape the Minor's name, image, likeness, spoken words, student work, performance, and movement in any form, and to display, publish, distribute, or exhibit for purpose of and in connection with any material.

I have read this Parent/Guardian Waiver and understand its terms. I sign it voluntarily and with full knowledge of its significance and give my consent and permission for my child to volunteer with Seed St. Louis.

Parent / Legal Guardian's Printed Name: _____

Parent / Legal Guardian's Signature: _____ **Date:** _____

Please direct all questions to volunteer@seedstl.org

Complete & mail/email to: Seed St. Louis | 5501 Delmar Blvd, Suite B270 | St. Louis, MO 63112 | volunteer@seedstl.org