



## Minor Volunteer Release and Waiver

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 one bistro. In the event of an emergency, I authorize the person in charge to seek qualified medical aid for any injury sustained by my child. I understand that all costs incurred for medical expenses are my responsibility. Also, I understand that my child is expected to act in an appropriate manner, and, if my child does not behave appropriately, I may be required to pick him/her up at the site. Once this release form is signed, I understand that the one bistro Board of Directors, Staff, and Affiliates are not liable or responsible for any personal injury, loss of property, negligent, willful or intentional act. Additionally, I acknowledge that my son/daughter's participation in volunteering with one bistro is entirely voluntary and understand that they are subject to the rules, procedures, and regulations of this organization.

Furthermore, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release and waiver.

*\*Any child under the age of sixteen must be supervised by an accompanying parent/guardian at all times.*

*\*\*This includes: a) the premises at 110 S. Second Street in Miamisburg, Ohio; b) the premises at 87 E. Main Street in Xenia, Ohio; and/or c) any one bistro sponsored event.*

### Please Print Clearly

Parent|Guardian Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent|Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_