

Signature:

VOLUNTEER RELEASE FORM FOR MINORS

Date: _

Parent Consent Form

T	being the parent or legal guardian of
(the "Minor") hereby consent to and a	uthorize the Minor to act as a volunteer for CSU Maritime Academy (Cal Maritime).
I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rule and regulations established from time to time by the CSU and that failure to do so may result in the Minor's immediate removal as a volunteer. I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include but are not limited to the following type of activities:	
I agree that all volunteer activities are therefore.	e to be performed by the Minor at the Minor's risk and I assume full responsibility
State of California, the Trustees of representatives and volunteers free ar attorney fees, that my minor child discharge the CSU and the Trustees of the CSU and the CSU a	ur respective heirs and personal representatives, I agree to indemnify and hold the the California State University, Cal Maritime and all of its officers, employees, and harmless from and against all claims, damages, losses and expenses, including may sustain while participating in the volunteer activity. I hereby release and of the California State University, Cal Maritime and all of its officers, employees, any and all claims, demands, causes of action of any nature or cause, for any ffered by the Minor.
Event Activity:	Date:
Volunteer's Name:	
Volunteer Address:	Emergency Contact:
	Phone:
Health & Accident Insurance Contact:	Policy #: