



2024 DISASTER SERVICES VOLUNTEER PARENTAL CONSENT AND AUTHORIZATION For Minors Under the Age of 18

Parents or legal guardians of minor children are required to complete this form. This form is NOT valid if completed by a minor. The information requested is designed to assist Convoy of Hope (“COH”) in providing for the safety of minors during COH sponsored activities.

Participant Information

Please Print Legibly

Minor’s Name (“Child”): _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Father/Legal Guardian’s Name: _____ Father/Legal Guardian’s Email: _____

Address is the same as Child’s (skip to phone information)

Father/Legal Guardian’s Address: _____

City: _____ State: _____ Zip: _____

Father/Legal Guardian’s Phone Numbers – Home: _____ Work: _____ Cell: _____

Mother/Legal Guardian’s Name: _____ Mother/Legal Guardian’s Email: _____

Address is the same as Child’s (skip to phone information)

Mother/Legal Guardian’s Address: _____

City: _____ State: _____ Zip: _____

Mother/Legal Guardian’s Phone Numbers – Home: _____ Work: _____ Cell: _____

DETAILED DESCRIPTION OF ACTIVITIES:

ACTIVITIES INCLUDING BUT NOT LIMITED TO: Sorting and packaging food, clothing, and other relief supplies; lifting up to 50 lbs., using equipment (i.e., pallet jacks, wheelbarrows, power tools, box cutters, tape guns, dollies, shovels, rakes, etc.); prolonged standing or walking; and removing debris both inside and outside of homes damaged by disaster. Volunteer may also load/unload product by hand-lifting any weight necessary, or by pallet jack, pulling/pushing pallets up to 2,600 lbs. (this may also be done while truck is parked on an incline where extra leverage is needed). Volunteer may work in an environment with limited or no climate control, which may result in temperature and other weather extremes, and exposure to insects carrying diseases, snakes and other environmental issues and dangers associated with the disaster. Volunteer may also ride in passenger seat of a COH vehicle to/from COH designated locations. Disaster workers may be exposed to physical, emotional, and mental stress.

DATES AND LOCATIONS OF ACTIVITIES: Various Convoy of Hope (COH) disaster response locations within the United States during 2024.

MEDICAL INFORMATION:

Family Doctor: _____ Doctor’s Phone: _____

Insurance Company: _____ Policy Number: _____

Has your child been diagnosed with or are they currently being treated for any injury/sickness? If yes, explain.

Does your child have a current prescription for any medication or are they currently taking any medication? If yes, explain and list all medications and the dosage they are taking.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your child require a special diet? If yes, explain.

Our staff will do whatever we can to accommodate your child’s required diet and avoid allergens, but it is not always feasible especially if they cannot have a common food group like meat, gluten, or dairy. You are responsible to provide snacks and meal replacements so that your child may have adequate nutrition if the meal served does not meet their dietary needs. Please let us know if you have any questions.

Does your Child have any physical condition or illness that would prevent him or her from participating on this trip?

No Yes (please explain)

Does your Child have (or ever had) any medical condition that could require special attention?

Are there any activities that you would not want your Child to participate in? No Yes (please explain)

MEDICAL TREATMENT AUTHORIZATION:

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that Convoy of Hope, and its affiliated entities, partnering organizations, and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify “COH”, its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney’s fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless “COH” from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify “COH” in the event of any health changes, which would restrict the Child’s participation in this volunteer trip. We also understand that any “COH” representative reserves the right to restrict the Child from any activity for any reason.

CONSENT, CERTIFICATION, AND ASSUMPTION OF RISK:

IN CONSIDERATION of my Child being accepted for this volunteer activity, I, the undersigned, being the parent or legal guardian of the Child named above do hereby consent to the Child’s participation in the above activity sponsored by COH, including, but not limited to, all of the activities customarily associated with such activity.

1. **STATUS.** I hereby certify that the Child is physically fit and adequately trained to participate in the above activity.
2. **WARNING REGARDING COVID-19.** I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that Convoy of Hope has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Convoy of Hope cannot guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the

actions, omissions, or negligence of myself and others, including, but not limited to, Convoy of Hope and its employees and staff. I voluntarily seek to participate in the above event and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I am solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

Under Missouri law, any individual entering the premises or engaging the services of the business waives all civil liability against the individual or entity for any damages based on inherent risks associated with an exposure or potential exposure to COVID-19, except for recklessness or willful misconduct.

3. I understand that while the above-named Child participates in the above activity, he or she is responsible to comply with all orders and directives of the team leader and/or COH staff in charge.
4. **GENERAL RELEASE AND ASSUMPTION OF RISK.**
KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MYSELF AND MY CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY CONVOY OF HOPE, AND ITS AFFILIATED ENTITIES, PARTNERING ORGANIZATIONS, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH MY CHILD MAY SUFFER, OR FOR WHICH MY CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.
5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
7. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

PHOTOGRAPH & VIDEO RELEASE:

I hereby grant COH, its affiliates, partners, and agents permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video without payment or any other consideration. I understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that COH may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release, defend, hold harmless and indemnify COH from any and all claims for utilizing this material.

I ACCEPT THE ABOVE TERMS:

I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name

Parent's Legal Guardian's Signature

Date

Adult Witness

Date