



Volunteer  
Organizations  
Active in Disaster

## Parental Consent Form

*\* If you are 18 or over, you do NOT need a parental consent form*

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in Williamson County VOAD, 2015 Memorial Day Flood Long Term Recovery Committee (**WILCO 2015 LTRC**) and its network of churches and their partnering organizations and their directors, officers, members and affiliates (herein referred to as "**WILCO 2015 LTRC**") it's disaster relief efforts and activities.

I hereby release **WILCO 2015 LTRC**, the State of Texas, and its network of churches and their partnering organizations and their directors, officers, members, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release **WILCO 2015 LTRC** and all of those other entities and persons, and volunteers for any loss, personal injury, accident, misfortune, or damage to the above named or her/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Phone Number

## Participation Waiver

In consideration for participating in disaster relief efforts with **WILCO 2015 LTRC** and its partnering entities, I assume responsibility for all my actions while at \_\_\_\_\_, facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or **WILCO 2015 LTRC** staff and volunteers.

Furthermore, I release and hold harmless **WILCO 2015 LTRC**, the State of Texas, the Board of Directors, and partnering entities, including their officers, employees, agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date