

# Volunteer Consent Form



By signing this acknowledgement and release, I acknowledge that I am volunteering my services at KVC Behavioral HealthCare. I acknowledge that my participation is completely voluntary and is being undertaken with no promise or expectation of compensation. I am aware that, in participating in any KVC Behavioral HealthCare activities that I may be exposed to personal injury and damage to my property as a result of my activities, the activities of other person(s) or the conditions under which my volunteer services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury, illness, or death and I release and discharge KVC Behavioral HealthCare, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of my participation as a volunteer.

I have carefully read this acknowledgement and release, and fully understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. **I certify that I am at least eighteen (18) years of age or I have had this document signed by my parent or guardian.** I further state that I am in proper condition for participating in these activities. I agree to abide by the rules established by KVC Behavioral HealthCare, as well as health and safety requirements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OR  
*Parental Consent/Release – If the individual is a minor, (under 18 years of age), the following must be signed by a parent or legal guardian.* All minors must be accompanied by an adult when volunteering.

I hereby consent and agree, individually, and as a parent or legal guardian of \_\_\_\_\_ to all the terms and provisions above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Name (please print): \_\_\_\_\_

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

Relationship: \_\_\_\_\_