



BARDSTOWN MAIN STREET

Bardstown Main Street Program

VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)

PARENTAL CONSENT REQUIRED

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for Bardstown Main Street Program. 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 rules and regulations established by Bardstown Main Street Program 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 and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Bardstown Main Street Program, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Bardstown Main Street Program. I hereby release and discharge Bardstown Main Street Program, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Phone Number(s) for Emergencies

Signature of Volunteer Coordinator or Designee Date

Printed Name of Volunteer Coordinator or Designee

Please return to: Lisanna Byrd (mainstreet@bardstown.com), or turn the form in personally to: Bardstown Main Street Program, One Court Square, Bardstown, KY 40004. 502.348.4877 x110