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 Union Station Kansas City, located at 30 W. Pershing Rd. Suite 400 Kansas City, MO 64108. 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 and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of the Minor’s participation in volunteering, and I hereby release and forever discharge Union Station Kansas City, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, assigns, for any physical or psychological injuries. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Union Station Kansas City 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 Union Station Kansas City, 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 Union Station Kansas City. I hereby release and discharge Union Station Kansas City, 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.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content, and that this release cannot be modified orally. I am aware that this is a release and a contact and that I am signing it of my own free will.

________________________________________  ______________
Signature of Parent/Legal Guardian               Date

________________________________________  ______________________
Printed Name of Parent/Legal Guardian           Address of Parent/Legal Guardian

Phone Number(s) and Relationship for Emergencies

________________________________________  ______________
Signature of Volunteer Coordinator or Designee  Date

________________________________________
Printed Name of Volunteer Coordinator or Designee

Please return to: Stacie Moody, Volunteer Engagement Supervisor (smoody@unionstation.org), or turn the form in personally to: Union Station Kansas City 30 W. Pershing Rd. Suite 400 Kansas City, MO 64108.