



**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 the Asheville Museum of Science. 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 protocols established by the Asheville Museum of Science 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 may exist. 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 the Asheville Museum of Science, 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 the Asheville Museum of Science. I hereby release and discharge the Asheville Museum of Science, 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 understand that the Asheville Museum of Science does not insure volunteers and is not liable for insurance coverage for any medical treatment needed as a result of any injury or incident occurring while volunteering at the Asheville Museum of Science.

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to receive e-mail and phone communications related to the minor applicant's participation in this volunteer program and agree to share/communicate this information to the minor volunteer, as appropriate. The Asheville Museum of Science does not directly communicate with minors via e-mail, phone, or text. My e-mail address is: _____.

Signature of Parent/Legal Guardian Date

Printed Name of Parent/Legal Guardian

Phone Number(s) for Emergencies