

## Parent/Guardian Release & Consent Form for High School Volunteers

We at Peachtree Christian Health (PCH) are pleased to have your high school student volunteering with us after school serving older adults at our life enrichment center! We are grateful to you and your student, and we trust it will be a rewarding and joyful opportunity for your student to help older adults to live life to its fullest.

By way of background, PCH is a nonprofit, full-service life enrichment center designed to provide safe, engaging, and reliable programs and services for families with disabled and aging loved ones. We opened in July 2020 at our state-of-the-art facility located at 3430 Duluth Park Lane in Duluth, Georgia.

Interested students must meet the following requirements:

- Be a current high school student, between the ages of 15 and 18
- Attend an interview (person/phone)
- Attend an after-school volunteer orientation at PCH
- Provide an updated immunization form completed by a doctor
- Complete a minimum of 25 hours of service on an annual basis (hours of service range from 1:00 p.m. – 6:00 p.m., Monday through Friday based on the volunteer's availability)
- Be able to perform the essential requirements of the position assigned
  - Engage in activities (play games, cards, do puzzles and crafts, etc.) with elderly participants of PCH, many of whom have dementia, under supervised conditions
  - Converse with participants, as appropriate, sharing topics of mutual interest
  - Share hobbies and talents (music, art, etc.), as pre-approved by the PCH Program Director

Volunteer adherence to our Confidentiality Policies and all Volunteer Protocols is an integral part of establishing and maintaining safe and respectful relationships at PCH. We also do our best to cultivate and monitor a safe and healthy community environment for all.

Thank you for the release and consent for your student to serve as an ongoing volunteer with us. Please make sure that he or she brings this completed form to their first training session as this is required in order for those under the age of 18 years to begin their actual volunteering. Thank you for encouraging and supporting your student's service at PCH.

Rev. Emanuel Henighan



**Peachtree  
Christian  
Health**

A LIFE ENRICHMENT CENTER

I \_\_\_\_\_ (name of minor volunteer) acknowledge that I am a participant (“I” or “Participant”) in Peachtree Christian Health’s (PCH) volunteer program. I desire to participate in volunteer “Activity” offered by PCH, and do so by my own free will.

I recognize that there may be risks or hazards directly or inherently involved in this volunteer program (“Activity”). With full knowledge of the facts and circumstances surrounding this Activity,

I voluntarily undertake this Activity and assume all responsibility and risk arising from my participation in this Activity, understanding that I will not receive compensation for my time nor coverage by PCH’s workers’ compensation or other types of liability insurance.

I recognize that should I incur an injury as a result of my participation in this Activity, my health insurance coverage will be the first resort for covering any costs related to this injury. I further acknowledge that my participation in this Activity is NOT covered by worker’s compensation, and that in the event of an injury I will not be eligible to file a worker’s compensation claim.

I assure PCH that I have no health-related issues or problems, including but not limited to emotional sensitivities, that would preclude or restrict my participation in this Activity or that could be aggravated by my participation in this Activity. I voluntarily assume all risk associated with the Activity. I further understand that if I have a medical emergency while engaged in this Activity that requires medical attention, I am responsible for all associated costs, including transport by ambulance.



**Peachtree  
Christian  
Health**

A LIFE ENRICHMENT CENTER

THEREFORE, I release, defend, and hold harmless Peachtree Christian Health (PCH), its board of directors, employees, and agents, from any liability arising out of my participation in this Activity, including, but not limited to any damage to my property or to the property of others and injury to me or to others, resulting from my negligence or the negligence of others, arising out of or caused by my participation in this Activity. I assume full responsibility for and risk of bodily injury, death, and property damage due to my volunteering for this Activity, whether caused by negligence or otherwise.

The release and waiver are submitted in consideration of PCH, allowing my voluntary participation in this Activity. I have read this document in its entirety and I am executing it willfully, with full knowledge of its contents, and with an understanding of its consequences.

I, the parent/Legal Guardian of the PARTICIPANT, affirm that:

1. I have read and do presently understand the meaning, nature and consequences of consenting to the terms and conditions of this Release and Waiver of Liability ("Release"), which consists of two (2) pages inclusive of this page.
2. I sign this Release in full recognition and appreciation of the risks of the above indicated Activity.
3. I am fully competent to sign this Release.
4. I agree to the terms and conditions contained in this Release.
5. Therefore, I execute this Release for full, adequate, and complete consideration, fully intending for myself, the PARTICIPANT, and for PARTICIPANT'S family, estate, heirs, administrators, personal representatives, or assigns to be bound by the terms of this Release.

---

**THIS IS A RELEASE OF LEGAL RIGHTS, READ BOTH PAGES BEFORE SIGNING**

I hereby represent that I have carefully read and understand the contents of this document and sign by the same by my own free will on the date indicated below.

**(Minor) PARTICIPANT:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Minor's DOB (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PARENT OR LEGAL GUARDIAN**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Emergency Contact/Phone

# \_\_\_\_\_ Email \_\_\_\_\_