



**Philippine American Association of Madison And Neighboring Areas (PAMANA)
VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)**

I _____ (PARENT NAME), being the parent or legal guardian of _____ (NAME OF MINOR) (the "Minor) hereby consent to and authorize the Minor to serve as a volunteer for PAMANA. 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 from time to time by PAMANA 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 thereof.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold PAMANA their population serviced, volunteers, officers, committee members, event organizers or staff responsible for any injury or damage sustained as a volunteer for PAMANA. I hereby release and discharge PAMANA, their officers, committee members, volunteers, event organizers and staff 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	

Please return to PAMANAMadison@gmail.com, mail to PAMANA, Attn: Social Services Committee, PO Box 5013 Madison WI 53705-0013 or turn the form in personally on Minor's first volunteering assignment.