



## Minor Volunteer Release and Waiver Form

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_, a minor child who is \_\_\_\_\_ years old\*, and I consent to his/her participation in a volunteer capacity with FoCo Cafe.\*\* In the case that an emergency occurs, I authorize the person in charge to seek qualified medical aid for any injury sustained by my child. I understand that all costs incurred for medical expenses are my responsibility. Also, I understand that my child is expected to act in an appropriate manner, and, if my child does not behave appropriately, I may be required to pick him/her up at the site. Once this document is signed, I understand that the FoCo Cafe Board of Directors, Staff, and Affiliates are not liable or responsible for any personal injury, loss of property, negligent, willful or intentional act. Additionally, I acknowledge that my son/daughter's participation in volunteering with FoCo Cafe is entirely voluntary and understand that they are subject to the rules, procedures, and regulations of this organization. Furthermore, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release waiver.

\*Any child under the age of sixteen (16) must be supervised by an accompanying parent/guardian at all times, and any child under the age of ten (10) may not volunteer in a food service position.

\*\*This includes: a) the premises at 225 Maple St. Fort Collins, CO 80521; b) Any affiliated farm's location; and/or c) any FoCo Cafe sponsored event.

\_\_\_\_\_  
*Name of parent/guardian (please print)*

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

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*Street Address: 225 Maple Street, Fort Collins, CO 80521 - Mailing Address: P.O. Box 242, Fort Collins, CO 80522-0242  
Email: [info@fococafe.org](mailto:info@fococafe.org) - Phone: 309-368-1659 - Web: [www.fococafe.org](http://www.fococafe.org)*

**Thank you for choosing to support FoCo Cafe by volunteering your time!**

10/20/2014