



Mailing Address & Donations to
VSSN41593 Winchester Rd ste 200
Temecula CA 92562

MINOR LIABILITY WAIVER

PLEASE PRINT CLEARLY

(Minor Information)

First Name Last Name Group Name (if applicable)

I, on behalf of the minor child, _____ (full name of minor), his/her personal representatives, assigns, heirs, and next of kin, _____ (full name of Parent or Legal Guardian), do hereby agree to indemnify and hold harmless Veterans Supplemental Support Networks, its employees, volunteers or agents (the "Released Parties") from any and all claims or causes of action that may arise out of the performance of the minor child's assigned duties as a volunteer. I waive any right of action I have against the Released Parties in consideration of my participation as a volunteer for the Veterans Supplemental Support Networks,.

IT IS MY EXPRESS INTENTION AND THE EXPRESS INTENTION OF THE RELEASED PARTIES THAT THE RELEASE PROVIDED FOR IN THIS AGREEMENT RELEASE THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE THE CONTRIBUTING CAUSE OF THE CLAIM.

IT IS MY EXPRESS INTENTION AND THE EXPRESS INTENTION OF THE RELEASED PARTIES THAT THE INDEMNITY PROVIDED FOR IN THIS AGREEMENT INDEMNIFY THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE A CONTRIBUTING CAUSE OF A CLAIM. VSSN Veterans Supplemental Support Network also has permission to use the above-reference minor's voice, name, likeness, photograph, or videotaped image in publicity about the Veterans Supplemental Support Network including its associates and its activities.

I acknowledge that this waiver and release is being signed by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects.

I have read the above waiver and release of liability and fully understand its contents.

Parent/Guardian ***PLEASE PRINT CLEARLY***

Please list any allergies or Special Conditions: _____

Street Address City State Zip code

Cell Phone: _____ Email Address: _____@_____

Parent/Guardian Print Signature Date