

New York State Law Enforcement and Community Council (NYSLECC)

Minor Volunteer Concern Form and Waiver

Minor Volunteer Information

- Name of Minor: _____

- Date of Birth: _____

- Address: _____

- Phone Number: _____

- Parent/Guardian Name: _____

- Emergency Contact: _____

Volunteer Activities

Please list any concerns or activities the minor is restricted from participating in (if any):

Medical Information

Please list any medical conditions or allergies we should be aware of:

Does the minor require any medication during activities?

Yes

No

If yes, please specify: _____

Parental Consent and Acknowledgment

I, the undersigned parent or legal guardian of the minor volunteer named above, acknowledge and agree to the following:

1. **Participation in Volunteer Activities:** I give permission for my child to participate in the volunteer activities organized by the New York State Law Enforcement and Community Council (NYSLECC). I understand the activities may involve physical tasks, events in public spaces, and community service under adult supervision.
2. **Assumption of Risk:** I understand that participation in volunteer activities may involve inherent risks, including but not limited to physical injury, exposure to outdoor elements, or unforeseen circumstances. I voluntarily assume all such risks and agree that NYSLECC, its staff, volunteers, and partners are not liable for any injury or harm that may occur during my child's participation.
3. **Medical Treatment Consent:** In the event of an emergency where I cannot be reached, I authorize NYSLECC and its representatives to secure necessary medical treatment for my child. I understand that I am responsible for any medical costs incurred as a result of any injury or illness sustained during participation.
4. **Code of Conduct:** I acknowledge that my child is expected to follow the rules and guidelines set by NYSLECC. Any violation of these rules, including disrespectful behavior, non-cooperation, or unsafe conduct, may result in dismissal from the program.
5. **Waiver of Liability:** I hereby waive, release, and discharge NYSLECC, its officers, volunteers, agents, and sponsors from any claims, liabilities, demands, and actions resulting from my child's participation in the volunteer activities. I agree to indemnify and hold harmless NYSLECC from any claims arising from my child's actions while engaged in these activities.

6. Media Release: I give permission for NYSLECC to take photographs or videos of my child during volunteer activities for promotional and documentation purposes. I understand that these materials may be used in social media, newsletters, websites, or other public platforms without compensation.

I DO NOT give permission for my child's image to be used in media. (Check if applicable)

Signatures _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Minor Volunteer Signature (if applicable): _____

Date: _____

For NYSLECC Use Only**

Received by: _____

Date: _____

