



Sandy Community Action Center

38982 Pioneer Blvd. PO Box 11 Sandy, Oregon 97055 PH 503.668.4746 FAX 503.668.5616

Parent Waiver of Liability

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I understand that the Sandy Community Action Center cannot be liable for any injuries or illness that my minor child may suffer while engaged as a volunteer in their program. I expressly waive any such claim for compensation or liability on the part of the Sandy Community Action Center beyond what may be offered freely by representatives of the Sandy Community Action Center in the event of such injury or medical expense, and what may be provided under the Sandy Community Action Center's group volunteer accident and general liability insurance programs in which the Sandy Community Action Center participates. By signing this sheet, I acknowledge that I understand and agree to the above waiver of liability.

Parent/Guardian _____ Date _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____

Work _____ Mobile _____ Address _____

City _____ State _____ ZIP _____