



# VOLUNTEER UNDER 18 FORM

91.5FM Cooloola Christian Radio Association Inc.

**SIGNATURE OF PARENT / GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:**

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above-listed minor child, for him / her to participate in all Activities as set forth in the above Volunteer Agreement, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, and any questions of mine have been answered and I voluntarily agree to all such provisions.

**Parent/Guardian Name:** \_\_\_\_\_  
(Please print) (Signature)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Please print) (Signature)

**Parent/Guardian Name:** \_\_\_\_\_  
(Please print) (Signature)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Please print) (Signature)

**EMERGENCY CONTACT INFORMATION FOR VOLUNTEER UNDER 18 YEARS OF AGE:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

**PARENTAL AUTHORIZATION FOR TREATMENT OF AND TRAVEL WITH A MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian having custody of a child or children who are under 18 years old and who will be volunteering with **Cooloola Christian Radio Association Inc.**

As such parent or legal guardian, I hereby authorize and appoint \_\_\_\_\_, an adult in whose care the minor child has been entrusted, and any agent appropriate, as my agent to act for me with respect to my minor child(ren) and their personal care, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child listed below (child).

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by State Law. I further agree that in the event of any clause or provision of this Release is held invalid by any court of competent jurisdiction, in invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Released by a Released Party does not prevent the exercise of any other right.

Minor Volunteer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SIGNATURES ON THE NEXT PAGE

I consent to the use of First Aid treatment for my child. In an emergency, I understand **Cooloola Christian Radio Association Inc.** will try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the named agent above and any agent or employee of **Cooloola Christian Radio Association Inc.** to act as an agent for me to consent to any examination, testing, x-rays, medical treatment for my child as advised by a physician, or health care provider. This includes, but is not limited to, my child's assessment, evaluation, medical care and treatment, anaesthesia, hospitalization or other health care treatment or procedure as advised by a physician, or other health care provider. I also authorize **Cooloola Christian Radio Association Inc.** to arrange for transportation of my child as deemed necessary and appropriate in their discretion.

My agent shall have the same access to my child's medical records that I have and is designated by me to be the child's Personal Representative under the Health Insurance Portability and Accountability Act (HIPAA), including the right to disclose the contents to others. I authorize health care personnel and health care facilities to rely on this consent form and any health information I have provided to my named agent and / or **Cooloola Christian Radio Association Inc.** regarding my child.

I have read and understand the above Parental Authorization for Treatment of and Travel with a Minor Child, any questions of mine have been answered and I voluntarily agree to all such provisions.

**Parent/Guardian Name:** \_\_\_\_\_  
(Please print) (Signature)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Please print) (Signature)

**Parent/Guardian Name:** \_\_\_\_\_  
(Please print) (Signature)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Please print) (Signature)