

# Inland Valley Hope Partners Youth Registration Form

_____ Name of Prospective Volunteer		_____ Date of Birth
_____ Name of Parent/Guardian		_____ Date
_____ Address	_____ City	_____ Zip
_____ Email Address		_____ <i>Telephone Number</i>

**Please read the following agreement and sign below:**

I \_\_\_\_\_ release any liability on the part of **Inland Valley Hope Partners**, by reason of injury, death, or other damage sustained or incurred by me or my minor child at or in connection with **Inland Valley Hope Partners**, even if any of the releases are negligent and cause injury or death to me or my minor child. I further agree that my private insurance, if any, will be the only insurance coverage available to me and my minor child. This releases and waiver of liability covers all suits, damages, cost, medical expenses, claims, damages, and attorney fees, (collectively "claims").

\_\_\_\_\_  
Initial

I agree on behalf of myself and/or my minor child to pay, and to protect, indemnify and hold harmless the releases form and against any claims arising from my or my minor child participating in **Inland Valley Hope Partners** volunteer program including for injury, death, and/or other damage to myself or to my minor child. I further agree on my and/or minor child's behalf to pay, protect, indemnify and save harmless releases for and against any claims arising for any act or omission of me or my minor child and/or in connection with **Inland Valley Hope Partners** volunteer program. This indemnity and hold harmless provisions applies even if the negligence of one or more releases partially or totally causes the damage, injury or death in question. This indemnity and hold harmless provision covers claims brought by me, my minor child, other participants in the **Inland Valley Hope Partners** program, and/or any other person or entity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Permission for Publicity:**

Permission is granted to photograph and/or use my name or my minors name in publicity for the **Inland Valley Hope Partners** Volunteer Program. This includes but is not limited to newspapers, newsletter, slides, and video presentations

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Pledge of Volunteer Services:**

I pledge to assist Inland Valley Hope Partners to the best of my ability. I will be volunteering a total of \_\_\_\_\_ hour(s). I will follow the direction of the supervisor at the site I am located (food bank, shelter, or administrative office), so as to avoid any conflicts or injuries. I will learn and follow the rules of the site to the best of my ability.

\_\_\_\_\_  
Signature of Youth Volunteer

\_\_\_\_\_  
Date

1753 N. Park Avenue Pomona, CA 81768  
Phone: (909) 622-3806 (Ext. 223) Fax: (909) 622-0408  
Email: VCoordinator@inlandvalleyhopepartners.org