



**Turn Back Time**

**VOLUNTEER WAIVER FOR MINORS (VOLUNTEERS WHO ARE UNDER 18)**

I/we \_\_\_\_\_, being the parent(s) and/or legal guardian(s) of, \_\_\_\_\_ (hereinafter "The Volunteer") do hereby consent to allow \_\_\_\_\_ to perform volunteer service work for **Turn Back Time Inc.** In consideration of being allowed to perform this volunteer service I/we do hereby release **Turn Back Time Inc** and its officials, officers, agents, and employees from liability for any harm, injury or damage which the Volunteer may suffer, sustain, and/or incur while in the course of performing the volunteer work which is assigned. I/we understand that the Volunteer will be assigned work in an agricultural setting that may present inherent risks and dangers associated with such a setting, including but not limited to working around and/or with animals, conditions associated with farm land and farming. This release applies to all risks which are connected with this work whether foreseen or unforeseen. I/we do understand the supervisor responsible for directing the volunteer work will make an effort to inform the Volunteer of the general hazards involved with the work to be undertaken. This release applies to damages suffered by the Volunteer by myself/ourselves as well as my/our family, heirs, and assigns as a result of any harm or injury which the Volunteer or I/we may suffer. I/we agree to hold **Turn Back Time** and its officials, officers, agents, and employees harmless from any claims made by myself/ourselves, my/our family, estate(s), heirs, or assigns out of the Volunteer's volunteer service for Turn Back Time, Inc. I/ we further agree I/we shall hold harmless, indemnify and defend **Turn Back Time Inc**, its officials, officers, agents, and employees from any damage to persons or property, resulting from the Volunteer's negligence and/or intentional acts. I/we further assume the responsibility of the physical fitness and ability to perform the work which is assigned to the Volunteer. If I/we do not feel the Volunteer is capable of performing the volunteer work assignment, I/we shall assume the responsibility of informing the volunteer services coordinator. I/we am/are of lawful age and legally competent to sign this release as the legal guardian(s) of \_\_\_\_\_ and have signed this document as my/our free act. I/we have fully informed myself/ourselves of the contents of this release by reading it by signing it. I/we realize that by signing this document I/we am/are giving up legal rights which I/we may be entitled to. I/we have further been advised of our right to have independent representation in reviewing this Waiver and I/we have specifically declined to do so.

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 Paxton, MA 01612

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 lisab@tbtinc.org

WEB  
 www.tbtinc.org

FACEBOOK  
 turnbacktimeinc

Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_