

Teen Volunteer Parental Consent

Champaign Public Library

PARENT / GUARDIAN NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE: HOME _____

WORK _____

CELL _____

E-MAIL _____

I give permission for my child _____ to be a teen volunteer for the Champaign Public Library. My child will be provided with appropriate training and supervision to perform the duties assigned. Supervision will not be constant.

While the risk of injury is small, I acknowledge that the possibility exists. Because my child is a volunteer, he or she is not eligible for coverage under the City's workers' compensation program. In case my child is injured, I understand that I would be responsible to pay—or submit to my own health insurance—any medical bills.

The Library staff will take appropriate steps to protect youth volunteers from exposure to materials intended for adults, but they cannot guarantee that my child will not see some adult materials.

I agree to defend, indemnify, and hold harmless, the Champaign Public Library and the City of Champaign for any damage or injury to other persons caused by my child's negligence.

BY SIGNING THIS PERMISSION, I UNDERSTAND THAT I MAY BE GIVING UP LEGAL RIGHTS I MAY HAVE. I HAVE READ THE DOCUMENT COMPLETELY AND UNDERSTAND IT.

SIGNATURE _____

DATE _____