

**Ho'ōla Veteran Services 501(c)(3), d.b.a. Ho'ōla Farms**

230 Kekuanāoa Street Hilo, HI 96720

grow@hoolafarms.org

**Event/Activity:** Hawai'i Farm-to-Car Market Day

**Minor Volunteer Information:**

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Phone Number: \_\_\_\_\_

**Parent/Guardian Information:**

- Full Name: \_\_\_\_\_
- Relationship to Minor: \_\_\_\_\_
- Address : \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Consent and Release:**

I, the undersigned, am the parent or legal guardian of the above-named minor. I hereby consent to my child's participation in the volunteer activities organized by Ho'ōla Farms. I understand that these activities may include, but are not limited to, set up and break down, packing orders, customer assistance, and lifting up to 25 lbs.

I acknowledge that my child's participation in these activities is voluntary and may involve physical activities, potential risks, and hazards. I agree to assume all risks associated with these activities and release Ho'ōla Farms, its employees, agents, and volunteers from any and all liability, claims, demands, and causes of action

whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in such activities or while traveling to or from the event.

**Medical Authorization:**

In the event of an emergency, I authorize Ho'ōla Farms to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**Code of Conduct:**

I understand that my child is expected to adhere to the rules and regulations established by Ho'ōla Farms and that failure to do so may result in my child's dismissal from the volunteer program.

**Photographic Release:**

I grant Ho'ōla Farms permission to use photographs or video recordings of my child taken during volunteer activities for promotional purposes, including social media, websites, and other publications, without compensation.

**Signature:**

By signing below, I acknowledge that I have read and understood the terms of this consent form and agree to the conditions outlined above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Minor Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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