



Operated by WVU Hospitals Inc.  
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## **Volunteer Parent Consent and Release of Liability Form**

If volunteer is under of the age of 18, parental guardian consent is required.

My son/daughter, \_\_\_\_\_, has my permission to serve as a WVU Medicine Junior Volunteer. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

Volunteering may include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I further understand that WVU Medicine offers medical services for the care and treatment of a wide range of illnesses, diseases and injuries, including but not limited to, such infectious diseases as tuberculosis, hepatitis, and HIV and that there is a risk, however slight, that my son/daughter might be inadvertently exposed to such diseases at the Hospital.

I do hereby fully and forever, remise, release and discharge WVU Medicine (defined herein to include, but not be limited to, West Virginia University Hospitals, Inc., University health Associates, and West Virginia University, their officers, directors, members, partners, affiliated organizations, employees, agents, and representatives) of and from any responsibilities of injury or accident as a result of the volunteering experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at WVU Medicine. I further consent to WVU Medicine's staff performing any medical tests required and necessary for my child to be a Junior Volunteer. I further consent to WVU's Medicine's staff performing any medical tests, vaccines and titers required and necessary for my child to be a Junior Volunteer.

I hereby, for myself and for my child, and intending to be legally bound, release, discharge and relieve WVU Medicine (as defined above) of and from any and all claims whatsoever of any nature as a result of his/her volunteering and all related activities.

I release and give my permission to WVU Medicine, its agents and employees to interview and/or take photographs and/or video of my child in his/her capacity as a Junior Volunteer for current and future use in news/feature stories; promotional publications, videos or displays; and the WVU Medicine web site.

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Parent/Guardian Signature

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Date