



VOLUNTEER RELEASE AND AGREEMENT FOR MINORS

Minor Child(ren) Name(s):

I, the undersigned, wish to allow my minor child(ren) to volunteer their services at the following project:
_____ through you, Life is labs Rescue dba iWag (hereafter "iWag"),

Project Name and Date

a nonprofit Georgia Corporation. In consideration of your locating, arranging, coordinating and/or making available volunteer opportunities, I hereby agree and release you as follows:

1. I acknowledge and agree that the nature of the Volunteer Services which are typically performed by iWag volunteers, and which may be performed by my child as an iWag volunteer, may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to volunteer and hereby assume any and all risk, and agree to release iWag for all liability for such risk, including without limitation risk of any accident or injury to person or property which my child may sustain in connection with my participation as an iWag volunteer or in any iWag related project or activity.
2. The undersigned hereby releases you and your directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from and covenants not to sue you for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my child's participation as an iWag volunteer or in any iWag related activity or project.
3. I further irrevocably grant to iWag, its assigns and successors, my consent and full right to: use my child's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation hereunder.
4. In connection with the above, and having entrusted the Minor named above into the care of iWag, Inc., its employees, agents, servants, officers, assigns, licensees, sponsors, guests, and officers, I hereby authorize such caring adults to consent to: any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and the advice of, a physician and surgeon licensed under the provisions of the Medical Practice Act; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances within the full discretion, and in the course of the same kind of responsible deliberations as I as such minor's parent/guardian would have to consider it.
5. This release shall inure to your benefit, as well as to the benefit of your successors, licensee, agents, employees, affiliates and assigns. This release shall be governed by the laws of the State of Georgia.

I have read the foregoing Agreement and Release and I hereby give my express consent to the execution of this agreement and release and I will not revoke my consent.

Print Name of Parent/Guardian

Phone (preferably Cell)

Signature of Parent/Guardian

Date