

**SJSU VOLUNTEER RELEASE
FORM FOR MINORS**

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------------------------------|--------------------------|
| Health & Accident Insurance Contact: | Policy #: |
| Emergency Contact Name: | Emergency Contact Phone: |

I, _____, being the parent or legal guardian of
_____ (the "Minor") hereby consent to and
authorize the Minor to act as a volunteer for San José State University.

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a

