

(Exhibit B-1)



**Concessions
Non-Profit Group
Hold Harmless Release Form
(Volunteers aged 16 and 17)**

**PARENTAL
CONSENT
FOR
MINORS**

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I, the undersigned parent or guardian of the volunteer and/or employee named below of the _____ (“Organization”) who is either 16 or 17 years of age (“my child”), and intending to be legally bound, hereby for myself, my child and my child’s heirs, executors, administrators, and all other representatives and successors in interest waive, release, covenant not to sue, and agree to hold Syracuse University and its employees and representatives harmless from, any and all rights and claims for damages and expenses I or my child now or hereafter may have against Syracuse University or its employees or representatives arising out of my child’s activities at the Carrier Dome, including, but not limited to, all rights and claims for bodily injury and/or property damage resulting from any negligent act or omission of Syracuse University or its employees and representatives.

I acknowledge that my child has been instructed by Organization of all pertinent policies and procedures set forth in the Syracuse University Concessions Stand Operating Manual and my child has agreed to follow and maintain those policies and procedures to the best of her/his ability.

Organization, by the signature of its duly authorized representative below, and the undersigned parent or guardian, each intending to be legally bound, hereby for themselves, the child of the parent or guardian, and each of their respective successors, permitted assigns, heirs, executors, administrators, and all other representatives and successors in interest agree that under no circumstances is Syracuse University or its employees or representatives liable for any loss whatsoever, suffered by Organization or its volunteers and/or employees through any cause whatsoever, and that Organization and, as to his/her child’s acts or omissions, the undersigned parent or guardian shall save and hold all of them harmless from liability of any nature or kind, including costs and expenses, arising out of any acts of Organization, its representatives, agents, employees and volunteers, including, but not limited to, those of the child of the undersigned parent or guardian.

Event Date: _____ Stand: _____ Organization Manager Signature: _____

**ALL VOLUNTEERS MUST BE AT LEAST 16 YEARS OF AGE.
IF UNDER 16, NOTIFY YOUR SUPERVISOR IMMEDIATELY.**

| <u>Print Volunteer Name</u> | <u>Age</u> | <u>Parental Signature</u> (Parental Signature Required for all 16 or 17 Year Old Volunteers) |
|-----------------------------|------------|--|
| 1. _____ | _____ | Parental Signature _____ |
| 2. _____ | _____ | Parental Signature _____ |
| 3. _____ | _____ | Parental Signature _____ |
| 4. _____ | _____ | Parental Signature _____ |
| 5. _____ | _____ | Parental Signature _____ |
| 6. _____ | _____ | Parental Signature _____ |
| 7. _____ | _____ | Parental Signature _____ |
| 8. _____ | _____ | Parental Signature _____ |
| 9. _____ | _____ | Parental Signature _____ |
| 10. _____ | _____ | Parental Signature _____ |
| 11. _____ | _____ | Parental Signature _____ |
| 12. _____ | _____ | Parental Signature _____ |
| 13. _____ | _____ | Parental Signature _____ |
| 14. _____ | _____ | Parental Signature _____ |