

**REPRESENTATION AGREEMENT & RELEASE OF LIABILITY -
MINOR**

_____ (“Client”),
parent/grandparent/legal guardian of

_____ (“Minor”), retains

_____ /
a volunteer attorney Voter Advocate (“Advocate”), to represent Client as his or her legal representative regarding the procurement of the following documents on behalf of Minor to get voter ID:

_____ .
Client authorizes Advocate to obtain any information or documents necessary for Advocate's representation of Client. Client agrees that VoteRiders or its Partner Organization may re-assign Client's case to a different volunteer. Your signature confirms your agreement that VoteRiders can use your and the minor's data in a way that does not identify you or him/her, except for the image of yourself and those accompanying you per the Release agreement below.

A. CLIENT'S DUTIES:

1. To provide Advocate with information and documents that are true and complete to the best of Client's knowledge.
2. To inform Advocate of any changes in Client's address or telephone number.
3. To keep appointments with Advocate or to call Advocate in advance to cancel appointments.
4. To pay all costs and expenses (e.g., printing, mailing) along with fees to obtain necessary documents that Advocate has agreed to order on Client's behalf in relation to Client's case, which are not waived by the Partner Organization.
5. To secure a voter ID and notify the Partner Organization upon receipt.

B. ADVOCATE'S DUTIES:

1. To provide legal services and representation for Client in this case **free of charge.**
2. To comply with Client's reasonable requests for information.
3. To keep all communications between Advocate and Client confidential. However, Client agrees that Advocate may discuss certain facts of Client's case with other people only to the extent that it is necessary to represent

Client in this case.

C. TERMINATION OF REPRESENTATION:

1. Advocate may stop representing Client under the following circumstances:
 - a) The Advocate has completed the services he or she has agreed to provide;
 - b) Further representation would be useless, unreasonable or would not help to achieve Client's objectives;
 - c) Advocate is unable to contact Client despite reasonable efforts (e.g., Advocate has tried to call Client's phone number(s) three times and hasn't heard back from Client in two weeks); or
 - d) Client does not cooperate with Advocate.
2. Client is free to stop Advocate from representing him or her for any reason.

Signature of Client, Parent/Grandparent/Legal Guardian of Minor

Signature of Advocate

Date _____

Release of Liability Statement - Minor

In consideration of the free services being provided to me in connection with my questions about or need to secure a voter ID, I,

_____, parent and/or legal guardian of

_____ (“Minor”), and acting on behalf of Minor, hereby release and hold harmless VoteRiders, its Partner Organizations, Clinic Supervisors, Voter Advocates, Attorney Voter Advocates, and other Pro Bono Counsel, and all volunteers, employees, and all others, including agents, representatives, successors and assigns, who might claim to be associated with Voter ID Clinics or other voter ID outreach or services from any and all liability for any damage including but not limited to bodily injury, death or property damage, including any injury or damage caused by negligence, in connection with the Voter ID Clinics or other voter ID outreach or services. I likewise hold harmless from liability any person or agency transporting me to or from the Voter ID Clinics or other voter ID outreach or services. I further agree that agents of VoteRiders and its Partner Organizations may open any mail or respond to any correspondence addressed to me at any address used by VoteRiders and its Partner Organizations, in order to expedite services provided to me.

I agree that the sole method of resolving any dispute among VoteRiders, the Partner Organizations, any of the above-mentioned persons or entities and myself will be mediation.

NOTICE

Photographers and/or videographers may be shooting photos or video at the Voter ID Clinics or other voter ID outreach or services. By allowing the photographers and videographers to capture the image of myself or anyone accompanying me, I, on my and their behalf, am granting permission to VoteRiders and its Partner Organizations to use such image to promote the Voter ID Clinics or other voter ID outreach or services. I will inform the photographer and/or videographer if I or those with me do not wish to be photographed or recorded. Thank you for your support and cooperation.

Authorized Signature (Adult or Legal Guardian)

Date _____