



600 Means Street, Suite 100
Atlanta, Georgia 30318
Phone: 404-979-2800
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YOUTH PERMISSION FORM

Organization: _____

Child's Name: _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Business) _____

Please read the following agreement and sign below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of Hands On Atlanta, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Hands On Atlanta, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Hands On Atlanta, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement with Hands On Atlanta to be used to further promote volunteerism.

Permission

I hereby give permission to my child or ward to participate in all activities in the program of Hands On Atlanta expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities, field trips. I also give Hands On Atlanta permission to take my child or ward to the hospital in case of any emergency and to administer medication that I provide for my child. I further attest that my child or ward has no allergies or special medical needs other than those listed below:

Parent/Guardian's signature required

Date