YOUTH PERMISSION FORM

Service Project: _____

Child's Name: _____ Parent/Guardian Name: _____

Address: _____ Child's Birth Date: _____

City: _____ State: _____ Zip: _____

Telephone: (h) _____ (w) _____ (m) _____

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, and any partnering agency or school, 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, and any partnering agency or school, 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 including gardening, painting and planting and/or field trips and bus transportation to and from the event site. I further acknowledge the risk of physical injury or damage to property as a result of my child's participation in the activities. 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. My child is capable of participating in these activities.

I further attest that my child or ward has no allergies or special medical needs other than those listed below:

_____

Emergency Contact information for day of event (if different from above)

Emergency Contact Name: _____ Relationship to child: _____

Emergency Contact Phone: (h) _____ (w) _____ (m) _____

_____ _____

Parent/Guardian's signature required **Date**

600 Means Street
Atlanta, GA 30318
404-979-2800 phone ▪ 404-979-2801 fax
www.HandsOnAtlanta.org