



Permission/ Release of Liability/ Media Release Form

Volunteer Information:

Name: _____ Birthday: _____ / _____ / _____

Address: _____ / _____ / _____

City Zip

Phone 1: _____ Phone 2: _____

Email Address: _____ School: _____ Grade: _____

Allergies/Medical Conditions/Medications we should be aware of: _____

Parent/Guardian Permission:

I give permission for my child/ward to participate in volunteer activities with Youth Serve, a program of the Volunteer Centers of Santa Cruz County from September 30, 2011 until September 30, 2012. In consideration of the Volunteer Center's Youth Serve program, I, on behalf of my minor child, and myself hereby agree to release and hold the Volunteer Center of Santa Cruz County harmless from any and all liability for any injury suffered by my minor child, or myself, arising from or in any way connected to this program. I understand that the Youth Serve volunteer program provides excess medical insurance for injuries incurred as part of my child's/ ward's volunteer duties, which will be secondary to existing medical insurance, should they carry medical insurance. I hereby allow my child/ ward to participate in Youth Serve events during this period.

Parent/Guardian Signature Date

Home Phone Work Phone

Emergency Contact 1 Phone

Emergency Contact 2 Phone

Media Release: (Signing this part is optional and not a condition of participating in our event.)

I also grant Youth Serve and collaborating organizations permission to use photographs of my child/ward for publication to promote volunteerism without financial remuneration.

Parent/Guardian Signature Date