



CareTeam
Youth Permission Form



Youth's Name: _____ Youth's Birth date: _____

School or Group Name: _____

Parent or Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

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

Emergency Contact Name: _____ Relationship to youth: _____

Home phone: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Please read the following agreement and sign below:

I am hereby giving permission for my child or ward to participate in service learning activities through CareTeam, the volunteer program of the Marilyn G. Rabb Foundation ("MGR Foundation"). I fully understand that as a CareTeam volunteer, my child or ward will be volunteering his/her services to various social service agencies and community organizations. I understand he/she is volunteering his/her services solely for his/her personal purposes or benefit without promise or expectation of compensation or benefits. I understand that the nature of the volunteer activities typically performed by CareTeam volunteers, and which may be performed by my child or ward as a CareTeam volunteer, may involve physical activity and/or contact with unidentified or unfamiliar persons, which may result in injury. Knowing and understanding this fully, I give permission for my child or ward to volunteer and hereby assume the risk, with respect to any liability of CareTeam or the MGR Foundation for such risks, of any accident or injury to person or property which he/she may sustain in connection with his/her participation as a CareTeam volunteer or in any MGR Foundation-related activities. Furthermore, I hereby release and discharge the MGR Foundation and any of its directors, officers, employees, partners, agents, and successors from any and all liability whatsoever or responsibility for any such accident or injury no matter their cause.

I also irrevocably grant to the MGR Foundation its assigns and successors, my consent and full right to use my child's name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity in connection with my child's participation with the CareTeam and any other MGR Foundation-related activities or projects.

I further fully understand that my child or ward must meet the following conditions and hereby acknowledge the conditions can be met: My child or ward is under the age of eighteen (18) at the time of the volunteer activities and has transportation to and from volunteer activities.

Parent/Guardian's signature required

Date