



Parental Permission for Youth Volunteer

Youth volunteer name: _____

I, _____ (please print) am the parent or guardian of the above-named youth volunteer and give permission for my son/daughter to volunteer as a tutor at the following THINK Together location: _____ (please print)

Photo Release

I authorize THINK Together to use photographic images or videotapes taken during center activities or at special events sponsored by THINK Together without any further consent or approval. Should my son/daughter appear in any such photos or videotapes, THINK Together is in no way responsible to compensate during the volunteer period or afterward under any circumstances. Such photos and videotapes may be used in publications, audio-visual presentations, promotional literature, or advertising.

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Yes, I give THINK Together permission to use pictures of my son/ daughter

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No, I do NOT give THINK Together permission to use pictures of my son/daughter

Medical Release Waiver for Youth Volunteer

Please list the name, address and phone number of your family physician. Your signature is our authorization to call your physician to render necessary emergency treatment if there should be a serious illness or accident, and we are unable to contact you. If you or your physician cannot be reached or if you failed to provide such information, it is our authorization to seek medical help and assistance at the nearest hospital/emergency room.

Physician

Address

Phone

Please list any of your child's health conditions and medications:

I hereby warrant that I, the undersigned parent or guardian, am over eighteen (18) years of age and am competent to contract in my own name so far as the above content is concerned.

Parent/Legal Guardian Signature

Phone

Date