

# ENVIRONMENTAL SCAN PARENT PERMISSION

Volunteer Name:

Name Of Parent Or Guardian:

Date Of Birth:

Phone:

Home Address:

Email:

City:

State :

Zip:

Emergency Contact Name:

Phone:

It should read: I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give my consent to participate in the environmental scan activity hosted by \_\_\_\_\_ coalition on (date/time).

I have reviewed all safety protocols with my child and have provided all emergency contact information.

*I release and waive the (insert coalition name) \_\_\_\_\_, as well as adult members for this scan, from and against any claim which I, any other parent or guardian, any sibling, the youth volunteer, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the volunteer's participation in the scan, or the rendering of emergency medical procedures, if any.\**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Photo Permission**

Name of youth volunteer: \_\_\_\_\_

May be photographed

May NOT be photographed

Permission is granted to use images for press releases and other educational purposes.

Do not use images for press releases and other educational purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Language is used as an example. Consult with your legal team to determine the release and waiver statement.