

A CHILD'S HOPE INT'L



a bridge of hope to the children of the world

Volunteer Permission Form

To be completed by volunteers age 17 or younger.

Participant's name: _____

Event date: _____ Event time: _____

Parent's/Guardian's printed name: _____ Phone: _____

Name of another individual if you cannot be reached: _____

Relationship to participant: _____ Phone : _____

Please note any allergies the participant has: _____

Please note any medications or medical conditions which medical personnel need to be aware of:

Please note any activities or roles the participant should avoid for their own health and safety:

Indemnity and Waiver of Claim: I, the Parent/Guardian of _____, hereby acknowledge and agree to indemnify and hold harmless A Child's Hope Int'l, its volunteers, its governing board, and the individual members thereof, from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm or injury arising out of the above mentioned activity.

Parent's/Guardian's Signature: _____

Date: _____