



Parent / Guardian Permission

I hereby give permission for my child or ward to participate in volunteer activities as a member of Boston Cares. I understand that as a volunteer with Boston Cares, my child or ward will be volunteering his/her services to various social service agencies. 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 Boston Cares volunteers, and which may be performed by my child or ward as a Boston Cares volunteer, may involve physical activity, contact with unidentified or unfamiliar persons, contact with persons who may have communicable diseases, travel to and from various unspecified locations, and other potential risks of injury. Knowing this, I give permission for my child or ward to volunteer and hereby assume the risk, with respect to any liability of Boston Cares 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 Boston Cares volunteer or in any Boston Cares-related activity. In addition, I hereby release and discharge Boston Cares and any of its directors, officers, employees, partners, agents, and successors from any and all liability or responsibility for any such accident or injury.

I further irrevocably grant to Boston Cares, 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 Boston Cares and any Boston Cares related activity or project.

I further understand that my child must meet the following conditions and hereby acknowledge the conditions can be met: The child is under the age of eighteen (18) at the time of the volunteer activity and have transportation to and from volunteer activities

Declaration: I declare that I have read through all of the orientation materials and that all of the statements made in the application are accurate and I complete to the best of my knowledge. I agree to adhere to the Boston Cares member policies.

Date: _____

PARENT / GUARDIAN NAME (Print): _____

SIGNATURE (of PARENT / GUARDIAN): _____

YOUTH'S NAME and DATE OF BIRTH (Print): _____

SIGNATURE (of YOUTH volunteer): _____