



**BOSTON CARES, INC.
Youth Permission Form**

**Note: Must be completed for any Dash participant under eighteen (18) years of age.
The minimum age to participate in the Dash is 12.**

Name: _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work – parent/guardian) _____

Permission

I hereby give permission for my child or ward to participate in volunteer activities as a member of the Volunteer Community Program of Boston Cares, Inc. 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 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.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____