



Hands On
 NORTHEAST GEORGIA
 A PROGRAM OF COMMUNITY
 CONNECTION OF NEGA

Youth Permission Form (For Volunteers under the age of 18)

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Today's Date: _____

Organization or group: _____

Primary Address: _____

Primary Phone Number: _____

Please Read Agreement and Sign Below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of Hands On Northeast Georgia, a program of Community Connection, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Community Connection of Northeast Georgia, its community service partners, officers, directors, employees, agents and volunteers from any claim, demand or cause of action that may be asserted by or on behalf of my child or ward as a result of their volunteering for activities through Hands On Northeast Georgia. I hereby attest that attendance and involvement is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions release.

Furthermore, I grant Hands On Northeast Georgia the irrevocable right to use photographs and video or audio recordings of my child or ward made while volunteering, in any medium, without pay.

Permission:

I hereby give permission to my child or ward to participate in all activities in the program of Hands On Northeast Georgia expressly and specifically acknowledging that those activities may include, but may not be limited to outdoor activities, field trips. I also give Community Connection permission to take my child or ward to the hospital in case of emergency and to administer medications that I provide for my child. I further attest that my child or ward has no allergies or special medical needs other than those listed below:

Allergies: _____

Parent/Guardian Signature Required: _____ Date: _____

Please return to HandsOn Northeast Georgia at
 1695 Old West Broad Street; Athens, GA 30606 or fax back to 706-353-1375