**Community Foundation of the Great River Bend**

**Teens for Tomorrow 2017-2018**

**Activity Permission and Authorization Form**

*Please fill out blanks and make any needed changes to member and parent contact information.*

**T4T Member Name:** **Preferred Name if Different:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Upcoming Year in School (circle):** Fr So Jr Sr **Date Of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** , ,   
**Home Phone: Member Mobile phone:** «Contact\_Mobile»   
**Email address:**

**Parent/Guardian Name(s) – with whom T4T member lives:**

**Home phone:** **Parent mobile:** **Add’l mobile (optional):** \_\_\_\_\_\_\_\_\_\_\_  
**Parent email:** **Add’l parent email (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact if parent cannot be reached:

**Name and Relationship to T4T Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Consent to activity**

I give permission for my child listed above to participate as a member of Teens for Tomorrow (T4T), which includes but is not limited to:

* attending monthly meetings at the Community Foundation of the Great River Bend with staff, volunteers, and other T4T members
* completing outside tasks, individually or while meeting with other members
* traveling to and conducting site visits at nonprofit organizations with other members
* when invited, attending events with CFGRB staff or volunteers to speak about T4T (ex. Rotary Clubs)
* traveling to the above activities in vehicles driven by either my child, another T4T member, or by CFGRB staff or volunteers.

A separate, specific permission slip will be created for any additional activity, such as attendance at a conference or volunteer activity.

1. **Medical Release**

I give my permission, as the parent or legal guardian of my child, to the bearer of this release to act on my behalf in any emergency dealing with the health and welfare of my child and to obtain emergency treatment for my child by a licensed physician or emergency medical service agency.

Please list any T4T member conditions/medications that CFGRB staff and volunteers should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Release of Claims**

I hereby release (or affirm and acknowledge my prior release, as the case may be) the Community Foundation of the Great River Bend, each of its officers, directors, employees, agents, conductors and volunteers from any and all liability for any injury which may result to my child during any CFGRB-related activity as well as release each of them from any and all actions, causes of action, claims, demands, damages, costs, expenses and compensation, and will not make a claim against or sue CFGRB on account of any injury which may result to my child from any exercise of the grant of my permission for the chorister named above to participate in the activity described above and/or grant of authorization to dispense non-prescription medication to my child as granted herein, and/or supervision of delivery of prescription medication as may be authorized herein.

1. **Behavior**

I understand that T4T members must follow the instructions of CFGRB staff and volunteers throughout their participation in the program. I understand that during participation in T4T meetings and other activities, the possession or use of drugs, alcohol, or tobacco will be strictly prohibited. I understand that violations to these rules, or other behavior that causes a disruptive or dangerous situation during T4T meetings or other activities, could result in the T4T member being sent home immediately or asked to resign from the program.

1. **Media Release**

I give permission for the Community Foundation of the Great River Bend to publish photographs taken of my child listed above, and his/her name and likeness, for use in print, online and video-based materials, as well as other publications.

I hereby release and hold harmless the listed organization from any reasonable expectation of privacy or confidentiality for my child listed above associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child listed below and that I have full authority to consent and authorize the listed organizations to use their likenesses and names.

I hereby release the listed organization, its contractors, its employees and any third parties involved in the creation or publication of publications, from liability for any claims by me or any third party in connection with my participation or the participation of my child listed below.

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| --- | --- |
| T4T Member Signature/Date | T4T Member Printed Name |
| Parent Signature/Date | Parent Printed Name |