



## PARENT/GUARDIAN CONSENT AND RELEASE

The youth volunteer described below ("Youth Volunteer") has completed an application to volunteer for one or more of Madison County Prevention programs or activities and may volunteer for other activities or programs in the future.

Your consent is required to allow such participation on an ongoing basis, however your consent may be withdrawn at any time on written notice delivered to Madison County Prevention.

It is your responsibility to ensure that you are aware of your child's volunteer activities with Madison County Prevention. Madison County Prevention will not contact you about such activities, but will provide information on request to you or any other authorized person as set out below.

### Information about the Youth Volunteer and the Parent/Guardian/Other Authorized Person:

Full Name of Youth Volunteer: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Youth Volunteer Email Address: \_\_\_\_\_

### Emergency Contacts:

1. Name of parent/legal guardian/other authorized person: \_\_\_\_\_

Relationship to Youth Volunteer: \_\_\_\_\_

Phone #s: (Home) \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Name of parent/legal guardian/other authorized person: \_\_\_\_\_

Relationship to Youth Volunteer: \_\_\_\_\_

Phone #s: (Home) \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ (Cell) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The parent/legal guardian/other authorized persons provided above may be contacted from time to time for Madison County Prevention marketing, communication and/or fund development purposes.

### Madison County Prevention Safety and Risk Factors

- Madison County Prevention strives to maintain a safe environment for volunteer activities
- Adults supervise the activities after the Youth Volunteer has arrived at the Madison County Prevention Youth Led Prevention location and/or for the volunteer activity.
- Supervision is not provided with respect to travel to or from any location.
- Further information about safety and risk factors associated with specific volunteer opportunities is available by calling Madison County Prevention. It is the responsibility of the parent/legal guardian/other authorized person to inform him or herself about such risk factors and to determine whether the Youth Volunteer will be permitted to participate in a particular activity or program.

**Consent and Release:**

In consideration of the Youth Volunteer being permitted to participate in the volunteer activity or program, the parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby:

- consents to participation by the Youth Volunteer in any program or activity of Madison County Prevention in which he or she chooses to volunteer and agrees on behalf of the Youth Volunteer to assume all risks associated with such activities or programs;
- releases Madison County Prevention, and its County Commissioners, directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that they or the Youth Volunteer have, have had, or may have arising out of or occurring in connection with the Youth Volunteer’s participation in any program or activity of Madison County Prevention; and
- agrees to indemnify and save harmless Madison County Prevention, and its County Commissioners, directors, officers, employees, agents, contractors and other volunteers from any damage to property, personal injury or death, action, claim, cost, expense or liability whatsoever that any other person has, has had or may have against them arising out of or occurring in connection with the Youth Volunteer’s participation in any program or activity of Madison County Prevention.

**Medical Information (This information is confidential. Collection, use and disclosure of this information will be for the purpose of ensuring the safety of the Youth Volunteer and Madison County Prevention staff.)**

Allergies or other pertinent medical conditions that may be barriers to the Youth Volunteer’s participation in certain activities:

\_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Care Authorization**

At any time due to such circumstances as accidents or sudden illness, I hereby give permission for emergency medical treatment to be obtained for the Youth Volunteer. I understand that a representative of Madison County Prevention will attempt to contact me prior to leaving the project/activity site, or upon arriving at the emergency destination, and that I will be responsible for any and all related expenses incurred, including ambulance or taxi costs.

**Image Release:**

The parent/legal guardian/other person authorized to provide consent in respect of the Youth Volunteer hereby consents to the use in any of Madison County Prevention and/or Madison County Prevention’s partner’s publications of the Youth Volunteer’s image if contained in any photographs or other media created during Madison County Prevention’s programs or activities.

Do not sign this document unless you understand what you are signing. Madison County Prevention can assist you to find help to understand this document if necessary, including assistance with translation into another language.

The terms of the above Safety and Risk Factors, Consent and Release, Medical Care Authorization, and the Image Release are hereby agreed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. I confirm that I have read and understood the above terms and that I have the authority to sign this document in respect of the youth volunteer.

Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature of Youth: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_