



Founded 1816

CITY MISSION SOCIETY OF BOSTON

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City Mission Society MLK Day Service and Learning

YOUTH RELEASE FORM

This is a legally binding release to City Mission Society of Boston (CMS) for the MLK Day of Service and Learning (January 14, 2012) youth participants.

I, _____ the undersigned parent/guardian
(Print name)

for _____, state as follows:
(Print name of child)

I understand that with any volunteer service activity that there may be a risk of physical injury and exposure to hazards associated with manual labor. I agree to discuss these possibilities with my child and advise them to follow instructions carefully. I understand and assume all such risks because the assertion of claims against CMS for personal injury occurring during my child's volunteer service would be antithetical to my support of CMS and its charitable purpose. In consideration of CMS's permitting my child to engage in volunteer activities and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I am granting this release on behalf of my child.

On behalf of myself, my estate and the personal representative thereof, my heirs and assigns, I hereby forever release and discharge CMS, its officers, directors, employees, volunteers and agents from any and all actions, causes of action, suits, demands, costs, claims, losses, liabilities and damages arising at any time out of, or in any way related to, my child's service as a volunteer for CMS. For myself, my estate and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against CMS, its officers, directors, employees, volunteers or agents, arising at any time out of, or in any way related to, my child's service as a volunteer for CMS.

I have read this entire Release and I fully understand it and I agree to be legally bound by it.

Name of minor (print) _____

Name of Parent or Legal Guardian (print) _____

Signature _____

Your relationship to minor _____ Date _____

Home address _____

City, State, Zip Code _____

Group Name _____

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Likewise I understand that **photos** may be taken and/or video or digital recordings (collectively, "Pictures") of my child while they engage in volunteer activities. All photos will be taken in a completely proper and professional manner. I hereby give my permission for the use of these pictures as long as my child is NOT individually identified.

Name of minor (print) _____

Name of Parent or Legal Guardian (print) _____

Signature _____

Date _____

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I, the undersigned, parent/legal guardian of _____ Understand that in the event that I cannot be reached in an emergency, **I give permission to the CMS Staff to secure and administer treatment for my child** including hospitalization, anesthesia, surgery and necessary transportation. I will not hold these leaders or City Mission Society of Boston responsible for the consequences of exercising this power so long as they act in good faith with the best interest of my child in mind. I further consent to any treatment by any hospital or physician which, in their judgment is the best interest of my child. I expect to be informed of my child's condition and treatment provided as soon as possible. I also understand that there is no medical insurance coverage provided by City Mission Society of Boston.

Name of Parent or Legal Guardian (print) _____

Signature _____

Date _____

Does your child have any **severe allergic reactions**? To what?

Does your child have any **dietary restrictions or food allergies**?

