

PARENTAL CONSENT FORM

Name of Child/Student (herein referred to as Child):

First Name Last Name

Name of Team: _____

I do hereby acknowledge, consent and agree to all of the following terms and conditions:

- I declare and represent that I am the parent or guardian of the Child (listed above).
- I declare that my child is physically fit and prepared for this event. In consideration of their acceptance as a participant in this event, I hereby agree to release, defend, indemnify, and hold harmless New York Cares, Inc. and its agents, affiliates, sponsors, and the New York Department of Education from any and all claims for any and all expenses, personal injury, loss, or damages incurred or caused by my child during or in connection with his/her participating in this event. I understand that, when my child is participating in this event, he/she will be under the supervision and control of a New York Cares Community Partner. I understand that my child will not be under the supervision and control of New York Cares. I grant full permission for organizers to use photographs, portraits, films and videos of my child, and quotations made by him/her in legitimate accounts and promotions of this event and New York Cares.
- I acknowledge that participation in the activity involves certain risks and hazards of injury and/or property damage.
- I declare that in signing this form, I am agreeing to and giving permission for my child's participation in New York Cares Day Fall 2014, on Saturday, October 18th from 9:30am to 2pm, as a member of the abovementioned team.
- I hereby attest that the Child's attendance and involvement in this activity is voluntary and that I have read (or have had read to me) this release, understand it and sign it voluntarily.

This release shall be binding upon my heirs, next of kin, distributees, executors and administrators.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Relationship to Child

Date Signed