



Parent/Guardian Permission

This portion must be completed for application to be processed

I hereby grant permission to my child _____ to volunteer with Camp St. Vincent.

I, the parent or guardian of the child named above, in return for the opportunity to have my child attend and participate in the above-described activity, do hereby agree to release St. Vincent de Paul of Baltimore, its directors, officers, employees, and agents from any and all liability, claims, demands, or injury that my child might sustain while participating in Head Start, whether or not such damage, loss, or injury results from the negligence of St. Vincent de Paul of Baltimore, its directors, officers, employees, or agents. I understand that if I do not sign this release, my child will not be permitted to attend the activity. I give St. Vincent de Paul of Baltimore my approval for any necessary medical treatment in the event of an emergency, and I will assume full financial responsibility for treatment. In addition, I hereby grant St. Vincent de Paul of Baltimore and its assigns permission to utilize any comments made by, or photographs or videos taken of me concerning the event. I intend to be bound legally by this release.

Signature: _____ Date: _____

Name: _____ Phone number: _____

Mailing Address: _____

Relationship to Applicant: _____

Alternate contact if needed in an emergency:

Name: _____ Phone number: _____