

PARENTAL PERMISSION FORM

Students 14, 15, 16 and 17 years of age must obtain parent signature and bring this form to House Captain at assigned house site on April 27, 2024. **Younger students are not permitted to work because of insurance constraints.**

In consideration of the opportunity afforded my child to assist on a voluntary basis in Christmas in April * Prince George's County, Inc., a project in which the home of disabled and/or elderly persons will be repaired and/or improved by volunteers, and in light of the stated goals and purposes of community service to be provided by Christmas in April in organizing this project, I give my permission for my child

PRINT STUDENT'S NAME

to participate in the Christmas in April program, and, I, on behalf of my child and myself, waive any and all right or cause of action arising directly or indirectly from my child's participation in said project from which any liability may or could accrue against Christmas in April * Prince George's County, Inc., or its membership or officers and directors, collectively or individually. Without limiting the generality of the foregoing, I, on behalf of my child, agree that this waiver shall include any rights or causes of action resulting from personal injury to my child or damage to my child's property sustained in connection with my child's activities with the Christmas in April program.

I recognize that Christmas in April * Prince George's County, Inc., assumes no liability for the training, supervision, and/or specific management of duties and tasks assumed by my child and that I have advised my child that he/she may elect not to perform any task or assignment requested of him/her at any time while serving as a volunteer.

I HAVE READ THE FOREGOING AND AGREE WITH AND ACKNOWLEDGE ALL THE PROVISIONS CONTAINED HEREIN.

Signed this ____ day of _____, 2024.

Parent Signature

Parent Name _____

Please **Print**

Address: _____

City: _____ State: ____ Zip: _____

In case of an emergency, Saturday, April 27, I can be reached at: (_____) _____

Phone Number

My child is covered by health insurance: Yes ____ No ____