

Service Project Name: \_\_\_\_\_

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

Youth's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Youth's Birth Date: \_\_\_ / \_\_\_ / \_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

This is my FIRST project with Chicago Cares. YES  NO

**Please read the following agreement and sign below:**

I hereby give permission for my child or ward to participate in volunteer activities through Chicago Cares Inc. I understand that as a volunteer with Chicago Cares, my child or ward will be volunteering his/her services to various social service agencies. I understand he/she is volunteering his/her services solely for his/her personal purposes or benefit without promise or expectation of compensation or benefits. I understand that the nature of the volunteer activities typically performed by Chicago Cares Inc. volunteers, and which may be performed by my child or ward as a Chicago Cares Inc. volunteer, may involve physical activity, contact with unidentified or unfamiliar persons, and other potential risks of injury. Knowing this, I give permission for my child or ward to volunteer and hereby assume the risk, with respect to any liability of Chicago Cares Inc. for such risks, of any accident or injury to person or property which he/she may sustain in connection with his/her participation as a Chicago Cares Inc. volunteer or in any Chicago Cares Inc. related activity. In addition, I hereby release and discharge Chicago Cares Inc. and any of its directors, officers, employees, partners, agents, and successors from any and all liability or responsibility for any such accident or injury.

I further irrevocably grant to Chicago Cares Inc., its assigns and successors my consent and full right to: use my child's name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity, in connection with my child's participation with Chicago Cares Inc. and any Chicago Cares Inc. related activity or project.

I further understand that my child must meet the following conditions and hereby acknowledge the conditions can be met: The child is under the age of 18 years old at the time of volunteer activity and has transportation to and from volunteer activities.

**Emergency Contact information for the day of the event (if different from above)**

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Signature Required**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**