



## Parent/Guardian Permission Form

Dear Parent or Guardian:

The Chattanooga Area Food Bank requires permission for anyone under the age of 18 to participate in any volunteer activity. All volunteers must be 16 years of age or older to independently volunteer on-site at the Chattanooga Area Food Bank. Those 12 and up may volunteer as part of a group or with a parent/guardian during the week.

All volunteers, including youth, are responsible for their own transportation to and from Chattanooga Area Food Bank activities.

I verify that \_\_\_\_\_ (**print youth's name**) is currently \_\_\_\_\_ years of age and I, \_\_\_\_\_ (**print parent's/guardian's name**) give permission for him/ her to participate in a Chattanooga Area Food Bank activity.

By my signature below, I hereby release and discharge The Chattanooga Area Food Bank, its employees, directors, officers, partners, agents, and volunteers from any claim, demand, or cause of action that may be asserted by or on behalf of me as a result of my child volunteering for activities through The Chattanooga Area Food Bank.

I agree to indemnify and hold harmless The Chattanooga Area Food Bank its employees, directors, officers, partners, agents, and volunteers from any damages or liabilities arising out of my child's activities as a volunteer through The Chattanooga Area Food Bank.

In addition, I hereby give permission to the Chattanooga Area Food Bank to take and use photographs of my child to use in the course of their operation, including but not limited to publications, their website, and promotional materials. I authorize the use of these images with the knowledge that there will be no compensation for their use. I acknowledge that the Chattanooga Area Food Bank holds ownership of the photos and may use them for any purpose in accordance with their mission. Furthermore, I agree to release the Chattanooga Area Food Bank from any claims regarding the use of these photos.

**Please print the following information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_