

# PARENTAL CONSENT & VOLUNTEER RELEASE FORM

(all participants must complete this form)

I hereby give permission for me/my child (if 18+, print your name) \_\_\_\_\_  
to participate in SF City Impact activities and consent and agree to hold harmless the SF City Im-  
pact organization; it's agents, employees, or volunteer assistants from claims that I (as parent or vol-  
unteer) might have arising out of me/my child participating in this program.

## Medical Release/Consent:

I have explained the meaning of "hold harmless" to the person volunteering at SFCI. The volunteer's  
signature below indicates their understanding and agreement to do the same. If it should become  
necessary for me/my child to receive medical treatment for any reason, I understand that SFCI is not  
held responsible for any and all financial obligation pertaining to and resulting from his/her/my treat-  
ment.

I also accept full responsibility for the cost of medical treatment for any injury not covered by his/  
her/my insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic and hospital procedures as  
may be performed or prescribed by a physician to safeguard myself/my child's health and that it is  
not advisable to take the time to contact me in advance if in an emergency. I waive my right to in-  
formed consent for each treatment.

Moreover, I understand that temporary, emergency measures may be necessary to safeguard me/  
my child's health and do hereby authorize and request SFCI to administer or supervise until such  
time as I/my child can be safely transported to a doctor or hospital.

## Photography/Videography Usage:

Photography and videotaping may and/or will take place at or around events for record and for  
future event promotion. By signing, I give consent to SFCI to use any photos or video that includes  
me or my child for its publication, promotion, or records.

## Contact w/ Community Residents

I further agree that I/my child will not connect with TL residents beyond the duration of their stay.  
"Connect" includes email/phone/social media/letters. This is for you/your child's safety and to safe-  
guard the relationships we have developed with TL residents. Permission to connect with residents  
beyond you/your child's stay is only granted by SFCI development team or mission team depart-  
ments.

Volunteer/Child's Signature \_\_\_\_\_

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

Volunteer/Child's Print Name \_\_\_\_\_

If volunteer is 18 or under, parent/guardian must sign below:

Parent/Guardian Signature \_\_\_\_\_

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

Parent/Guardian Print Name \_\_\_\_\_