



Liability and Photo Release Form

Dear Volunteer/Student:

As a volunteer for Community Giving Tree, I understand that I will assume full responsibility for any accidents incurred thereby releasing Community Giving Tree and its staff while volunteering in the Boxford and/or Lawrence facilities. I further understand that when volunteering I may potentially be used in photographs, videos, literature, web pages, and news releases in local media and other media outlets both traditional and electronic. By signing below I am providing my consent.

Adult Volunteer Name:

Date:

Signature:

As the guardian/ parent of the child(ren) listed, I give permission for him/her to volunteer at Community Giving Tree in the Boxford and/or Lawrence facilities. I understand that I will assume full responsibility for any accidents incurred, thereby releasing Community Giving Tree and its staff. I further understand that my child may potentially be used in photographs, videos, literature, web pages, and news releases in local media and other media outlets both traditional and electronic. By signing below I am providing my consent.

VolunTEEN Name(s):

Parent / Guardian Name:

Parent/ Guardian Cell Phone:

Parent/ Guardian Signature:

Date:
