Permission Slip for Youth Volunteer Activities

I, ________________________, certify that I am the parent or legal guardian of _____________________.
(print name of parent/guardian) (print name of minor)

I authorize and consent for ____________________ to participate in the following volunteer
(print name of minor) activities with Metro:

________________________________________

________________________________________

________________________________________

I understand that participation in the activity involves a certain degree of risk. I have carefully
considered the risk involved and have given consent for my child to participate in the activity. I
understand that participation in the activity is entirely voluntary and requires participants to
abide by applicable rules and standards of conduct. I understand that Metro volunteers are not
compensated for their time or expenses.

Medical Treatment: In the event of an accident, injury or illness involving my child, I hereby
authorize Metro to take whatever action it deems appropriate and necessary, including
administering first-aid treatment and seeking emergency medical treatment. I further
authorize Metro to seek and obtain medical treatment for my child if unable to reach me.

Photographic Release: I grant and convey to Metro all right, title and interests in any and all
photographs, images or video of my child made by Metro in connection with his/her
participation in the volunteer activities listed above.

Primary Emergency Contact                                      Secondary Emergency Contact
Name_______________________________________________________
Phone ______________________________________________________
Relationship ____________________________ Relationship ________________

Parent/Guardian Signature: ______________________________ Date: ______________________

Print Name: ________________________________________ Relationship: __________________
Insurance & photo information for volunteers

You must “sign-in” and “sign-out” on an approved Metro timesheet at the beginning and end of every shift.

**In case you accidentally injure someone or damage property:**

Report any incidents of property damage or injury to others to a Metro representative ASAP and no later than the next business day. You will be asked to complete an accident/incident report form for immediate forwarding to Metro’s Risk Management division.

**In case of injury:**

If you are injured while performing your duties, you must report the injury to your staff lead ASAP and no later than the next business day.

**Personal property:**

The personal property of volunteers is generally not insured, unless the Metro Sustainability Center Director authorizes use of the personal property in writing before the damage occurs. This includes personal vehicle damage.

**Photography:**

Metro staff may photograph volunteers and use the images for volunteer appreciation and outreach purposes. Images may appear in presentations, displays, printed materials and on the web. Images are the property of Metro. By signing or initialing this form you acknowledge and agree to such use. If you do not wish to be photographed or to have your photograph used for these purposes, please alert Metro staff.