



Sun Valley Museum of Art

Parent Consent Form for Student Volunteers

I give my permission for my child, _____, to volunteer for the Sun Valley Museum of Art.

Parent Last Name: _____ Parent First Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone #: _____

Date of Birth: _____

In Case of Emergency:

Contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Are there any concerns or special medical considerations that we need to know about?

YES _____ NO _____

If yes, please explain: _____

Is your student volunteering for his or her School Community Service Hours? YES _____ NO _____

Release: I, by submitting this signed parent permission slip, understand that Sun Valley Museum of Art is in no way responsible for any injury or theft that may occur during my child's time as a volunteer. I release Sun Valley Museum of Art of responsibility for any and all damage to persons used during the course of my child's volunteer services. I waive and release any and all rights and claims for damages my child now, or may hereafter have, whether now known or unknown, against the Sun Valley Museum of Art its employees and agents for any injuries suffered by my child in connection with volunteering for this event. Also I acknowledge that the information above is correct.

Parent's Signature: _____ Date: _____

Student Volunteer's Signature: _____ Date: _____