

## YOUTH VOLUNTEER CORPS OF MUSKEGON COUNTY

### Volunteer Information:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

email address \_\_\_\_\_

Gender (circle): male      female

Grade (currently in): \_\_\_\_\_ School \_\_\_\_\_

### In Case of Emergency, Notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address during the day \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

### Personal Medical Insurance Information:

Name of Personal Physician \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Agent \_\_\_\_\_

I hereby authorize the staff of the Youth Volunteer Corps to act for me according to their best judgment in any emergency requiring medical attention and hereby release, exonerate and discharge the Youth Volunteer of Muskegon County, the United Way of Muskegon County, Muskegon County Community Foundation, or the Youth Volunteer Corps of America, and its employees from any and all actions or cause of actions known or unknown for an injuries incurred while volunteer for the Youth Volunteer Corps.

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

**Date** \_\_\_\_\_

Parental Permission/Photo & Video Released signed by parent or guardian.

Yes                      No



**YOUTH VOLUNTEER CORPS  
PARENTAL PERMISSION**

In consideration of the opportunity afforded my (our) child to participate on a voluntary basis in the Youth Volunteer Corps of Muskegon County (YVC) I (we) give my (our) permission for my (our) child to participate in YVC, and I (we), on behalf of my (our) child and myself (ourselves), waive any right, claim of responsibility or liability, or cause of action arising as a result of my (our) child's participation in the YVC from which any liability may or could accrue against the YVC, its sponsoring organization, Volunteer Muskegon, or the Youth Volunteer Corps of America or their officers, directors, employees, agents or representatives, collectively or individually. Without limiting the generality of the above, I (we), on behalf of my (our) child and myself (ourselves), agree that this waiver shall include any rights, claims, claims of responsibility or liability or cause of action resulting from personal injury to my (our) child or damage to my (our) child's property sustained in connection with my (our) child or damage to my (our) child's activities in the YVC, its sponsoring organizations and the Youth Volunteer Corps of America, and their officers, directors, employees, agents or representatives from any such claims.

**PHOTO/VIDEO RELEASE**

I (we) also give permission to the YVC and Youth Volunteer Corps of America to use photographs, and/or video, and/or audio of my (our) child obtained while participating in the YVC. I (we) release the Youth Volunteer Corps, its sponsoring organizations and Youth Volunteer Corps of America from any and all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photo, tapes and reproductions, as well as waive my (our) right to inspect or approve the finished photographs and or tapes.



\_\_\_\_\_  
Print Child's Name

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

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

\_\_\_\_\_  
Date

