

Community Action Project of Tulsa County

4606 S. Houston, Suite 100

Tulsa, OK 74146

Human Resources Department 918/382-3225

Parental Consent Form

I hereby give consent for my minor child (name of child)_____ to be a Youth Volunteer with Community Action Project. I agree to release and save harmless CAPTC and its agents, employees and representatives, of and from any and all liability of any kind or nature whatsoever in connection with any loss, damage or expense(s) suffered or incurred by the above named Youth Volunteer or by myself as the result of any act of failure to act, intentional or unintentional by: (1) any person who is not an agency representative, an employee or representative of CAPTC or (2) any other Youth Volunteer.

Photo Release

I also give permission to CAPTC to use photographs and/or video of my child obtained while participating with CAPTC. I release CAPTC from all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, and reproductions, as well as waive my right to inspect or approve the finished photographs.

Medical Release Consent Form

In case of emergency, please notify:

Name _____ Relationship _____

Place of Business _____ Telephone _____

Home Telephone _____ Cell Phone _____ Pager _____

Personal Medical Insurance Information:

Name of Personal Physician _____ Telephone _____

Insurance Company _____ Contact _____

I hereby authorize the staff of CAPTC to act for me according to their best judgement in any emergency requiring medical attention and hereby release, exonerate and discharge CAPTC and its employees from any and all actions or cause of actions known or unknown for any injuries incurred while volunteering for CAPTC.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____