



PARENTAL CONSENT & RELEASE FOR MINORS STUDENTS

In order to participate in the FSC-PS Charitable Foundation Volunteer Programs, minors are required to obtain parental consent:

As the __ parent __ legal guardian [check one] of _____ ("my child"), I hereby authorize my child to participate in the FSC-PS Charitable Foundation Youth Colleges and Career Project (YCCP) at my request. I recognize that, a risk of physical injury, including, but not limited to that which could be caused by project activities exists. In consideration of the permission granted to my child by FSC-PS Charitable to participate in this project.

I HEREBY ASSUME ALL RESPONSIBILITY AND RISK OF INJURY THAT MIGHT OCCUR TO MY CHILD OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE AND DEFEND FSC-PS Charitable Foundation ITS OFFICERS, AGENTS, VOLUNTEERS, CHAPARONES AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY MY CHILD IN CONNECTION WITH MY CHILD'S PROJECT ACTIVITIES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY THE NEGLIGENCE OF OFFICERS, AGENTS, VOLUNTEERS, CHAPARONES OF THE UFSC-PS CHAPTER OR FSC-PS CHARITABLE FOUNDATION.

FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND UFSC-PS CHAPTER OR FSC-PS CHARITABLE FOUNDATION. ITS OFFICERS, AGENTS, VOLUNTEERS, CHAPARONES AND EMPLOYEES FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY CHILD'S PARTICIPATING IN PROJECT ACTIVITIES.

AGREED to this _____ day of _____, 20_____

Signature of Parent/Guardian Parent/Guardian Name (Printed)





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Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Emergency Contact Name: _____

Email Completed applications to:

FSC-PS Charitable Foundation YCCP mentorship@ufscps.org
www.fsc-ps.org



Neighborhood Matching Funds (NMF)

