

American Red Cross
Mile High Chapter

**Permission and Emergency Contact Form
For Youth Under 18 Years of Age**

I, _____ the parent or legal guardian of the youth volunteer named below, give permission for my son/daughter to volunteer for the Mile High Chapter and perform the following activities:

I give permission for my son/daughter to be supervised by:

Employee Name	Title
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My son/daughter is volunteering because: _____

I understand reasonable measures will be taken to safeguard the health and safety of the child and I will be notified as soon as possible in case of emergency. I hereby waive, release, and absolve, indemnify, and agree to hold harmless the American Red Cross.

I grant full permission to the American Red Cross, its nominees, agents, and affiliates to use my child's name, photograph, or any other record of participation in any broadcast, telecast, or any other written account of the volunteer activity for publicity purposes, without compensation or remuneration.

Name of Youth Volunteering: _____ **Age:** _____

Name of Parent/guardian: _____

Home address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Home Phone: () _____ **Parent Work Phone**() _____

Signature of Parent/Guardian

Date

Signature of Youth Volunteer

Date