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Permission and Waiver of Liability for Both Child(ren) and Guardian(s)

Parent(s), Guardian(s)'s Names: _____, _____

Address: _____ Phone Number: _____

Emergency Contact: _____ Address: _____

Phone: _____ Relationship to Volunteer(s): _____

Youth Names: _____, _____, _____

Child(ren) Volunteer Permission & Photo/Video Consent:

I understand that those listed above will be minor volunteer(s) for Blossom International Inc. and will not receive any payment for services rendered. To the best of my knowledge, all above referenced individuals are able to perform the activities required to participate with the organization. As a volunteer and/or parent and/or guardian of the above volunteer(s), I hereby agree to release, indemnify and hold harmless Blossom International Inc., sponsors or other affiliates and their respective agents from any and all claims for any and all expenses, personal injury, loss or damages incurred by, or caused, by me or my children during or in connection with any volunteer work for Blossom International Inc. I grant full permission to use photographs, portraits, films and video of my child and quotations made by my child in Blossom International Inc.'s materials (and in interviews or articles). By signing I am granting my child(ren) permission to be a minor volunteer for Blossom International Inc.

Group Leader/Adult Release of Liability & Photo/Video Consent:

I, the undersigned, hereby release and agree to hold harmless Blossom International Inc. and its sponsors of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer. I further release and hold harmless Blossom International Inc. and its sponsors of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer, or as a result of my participation in any project as a volunteer, or in any other activity sanctioned by Blossom International Inc. Additionally I agree to the following: My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered. I have completed the required training and have been made aware of the assigned duties. I will bring to the attention of Blossom International Inc. staff any information or questions that arise of a legal nature.

While volunteering with Blossom International I hereby authorize the taking of my picture, by photograph, movie, or videotape, by Blossom International staff or anyone so authorized by Blossom International. Furthermore, I hereby irrevocably consent to and authorize the use and reproduction of any and all photography, movies, videotapes which may have been taken of me for any purpose whatsoever without any compensation to me.

The entirety of THIS AGREEMENT shall be governed by and construed in accordance with the laws of the State of New Jersey. I have had the opportunity to read and understand the release and acknowledge that by signing the document, I am waiving certain legal rights in the event of injury. BY SIGNING BELOW, I accept and agree to the terms contained above.

Date

Signature of Guardian