

Last Name
(Office use only)

Date Received (Office Use Only):

____/____/____



Restoring Hope to Families

Personal Appearance Release for a Minor

I, _____, Parent/Legal Guardian of

(child's name) _____, hereby grants permission to Helping Hands of New Jersey, its agents and assigns, to use above named child's photo, audio, video, and likeness for the purpose of promotion by Helping Hands of New Jersey for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and Internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the Helping Hands of New Jersey owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release Helping Hands of New Jersey and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

This Release expresses the complete understanding of the parties.

Parent/Guardian: Name (please print)

Signature

Date

Phone Number

Address (Street, City, State, Zip)

Parent/Guardian: Name (please print)

Signature

Date

Phone Number

Address (Street, City, State, Zip)

Date Received (Office Use Only):

____/____/____



Restoring Hope to Families

Last Name
(Office use only)

LIABILITY DISCLAIMER FOR MINORS

ALL PARTICIPANTS MUST COMPLETE THIS LIABILITY DISCLAIMER TO BE ELIGIBLE TO PARTICIPATE IN VOLUNTEERING.

If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability. Also, all parents or guardians must complete the "Parental Authorization for Treatment of a Minor Child" below. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent/Guardian: Name (please print) _____
Signature/Date

Address (Street, City, State, Zip)/Phone

Parent/Guardian: Name (please print) _____
Signature/Date

Address (Street, City, State, Zip)/Phone

PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Helping Hands of New Jersey, as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others. Also, I hereby authorize my minor child to serve as a volunteer with Helping Hands of New Jersey and to help construct houses and participate in other activities on a voluntary basis, without compensation.

Parent/Guardian: Name (please print) _____
Signature/Date

Parent/Guardian: Name (please print) _____
Signature/Date