

**JUNIOR DOCENT RELEASE
TO BE COMPLETED BY PARENT OR GUARDIAN**

I am the parent/guardian of _____, and I hereby represent
(Teen Volunteer's Name)
that he/she has my permission to participate in Cracker Country's volunteer program. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to volunteer.

In permitting him/her to volunteer, I am specifically granting my permission, (both during and anytime after) to Cracker Country to use his/her likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the programs activities of Cracker Country and/or to support the teen volunteer program.

If a medical emergency should arise during his/her volunteering at Cracker Country, at a time when I am not personally present so as to be consulted regarding his/her care, I hereby authorize Cracker Country, on my behalf, to take whatever measures are necessary to ensure that he/she is provided with any emergency medical treatment including hospitalization, which Cracker Country deems advisable in order to protect his/her health and well being.

I have read and fully understand the provisions of the above release. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and that of my child.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (printed)

(signature) of Parent/Guardian

Date

This release must be notarized before acceptance into the volunteer program.

STATE OF _____
COUNTY OF _____

The foregoing release was acknowledged before me this _____ by
(Date)

_____, parent/guardian of for _____
(Name of parent/guardian) *(Teen volunteer's name)*

Who has read the foregoing release and understands the contents thereof.

Notary Public