

## Volunteer Parental Consent Form

Minor Child's Name: \_\_\_\_\_

*I, the Undersigned, am the parent or guardian of the above-named student and wish to allow my minor child to volunteer services to Ballet For All Kids/Schlachte Method. I acknowledge and agree that the nature of the volunteer services which are typically performed by Ballet For All Kids/Schlachte Method volunteers, and which may be performed by my child as a Ballet For All Kids/Schlachte Method volunteer, may involve (a) physical activity, (b) contact with children with disabilities and who may have maladaptive behaviors (such as but not limited to, verbal outbursts, physical aggression, tantrums, and self stimulatory behaviors, and (c) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to have my child volunteer and hereby assume any and all risk, and agree to release Ballet For All Kids/Schlachte Method for all liability for such risk, including without limitation risk of any accident, injury, illness or death to person or property which my child may sustain, even if caused by the negligent or reckless conduct of a Ballet For All Kids/Schlachte Method employee or volunteer, in connection with participation as a Ballet For All Kids/Schlachte Method volunteer or in any Ballet For All Kids/Schlachte Method related project or activity.*

*The Undersigned hereby grants to Ballet For All Kids/Schlachte Method the unqualified and perpetual right to use, and consents to the use of, the name and likeness of the above-named child in connection with Ballet For All Kids/Schlachte Method's exploitation of the photographs, worldwide and in any and all media, including, by way of illustration, but not limitation, the display of still photographs, the inclusion on the World Wide Web and the preparation and dissemination of any advertising and promotional materials used to promote Ballet For All Kids/Schlachte Method.*

*The Undersigned gives permission for the above-named child to be given emergency medical treatment and/or transportation if necessary in the event of accident, injury or sudden illness while said minor is engaged in volunteer service to Ballet For All Kids/Schlachte Method. The Undersigned agrees to accept financial responsibility for any such medical treatment.*

*The Undersigned further acknowledges that I have read this release and fully understand the said terms and its contents hereof and I hereby give my express consent to the execution of this release and I will not revoke my consent.*

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date