PARENTAL PERMISSION FORM

Students 14, 15, 16, and 17 years of age must obtain parent signature and bring this form to House Captain as assigned house site. **Younger students are note permitted to work because of insurance constraints.**

In consideration of the opportunity afforded my child to assist on a voluntary basis with Triangle Homeworks, a project in which the home of disabled, elderly, and/or otherwise disadvantaged persons will be repaired and/or improved by volunteers, and in light of the stated goals and purposes of community service to be provided by Triangle Homeworks in organizing this project, I give my permission for my child

_____
PRINT STUDENT'S NAME

to participate with Triangle Homeworks and I, on behalf of my child and myself, waive any and all right or cause of action arising directly or indirectly from my child's participation in said project from which any liability may or could accrue against Triangle Homeworks, or its membership or officers and directors, collectively or individually. Without limiting the generality of the foregoing, I, on behalf of my child, agree that this waiver shall include any rights or causes of action resulting from personal injury to my child or damage to my child's property sustained in connection with my child's activities with Triangle Homeworks.

I recognize that Triangle Homeworks assumes no liability for the training, supervision, and/or specific management of duties and tasks assumed by my child and that I have advised my child that he/she may elect not to perform any task or assignment requested of him/her at any time while serving as a volunteer.

I HAVE READ THE FOREGOING AND AGREE WITH AND ACKNOWLEDGE ALL THE PROVISIONS CONTAINED HEREIN.

Signed this _____ day of _____, 20__   _____
                                                              Parent Signature

Parent Name _____
                        Please Print
Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, I can be reached at (____) _____
                                                   Phone Number

My child is covered by heath insurance: Yes____   No _____