



PARENTAL AUTHORIZATION FOR VOLUNTEER ACTIVITIES

Date: _____

Volunteer Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Emergency Phone: _____

Is the volunteer taking any prescription medications? Yes No

If yes, please explain: _____

Does the above named volunteer have any allergies Yes No

If yes, please explain: _____

Release and Power of Attorney: The undersigned, who is either a parent or legal guardian of the above named volunteer, a minor, consents to their participation as a volunteer with Scottsdale Arts, and releases/agrees to hold Scottsdale Arts harmless from all claims arising out of or in any way connected with injury, loss or mishap to the person or to the property of the minor, directly or indirectly resulting from or caused by Scottsdale Arts' activities, including but not limited to, transportation and facilities.

Scottsdale Arts will make every attempt to contact parent/guardian for guidance, however in the event of an emergency where the volunteer is severely injured, incapacitated or becomes seriously ill while engaging in volunteer activities, the undersigned grants Scottsdale Arts (or its official representatives) limited power of attorney to arrange for medical care and/or assistance required under the circumstances, in the best judgment of Scottsdale Arts' personnel, with financial responsibility remaining with the volunteer.

Parent/legal guardian acknowledges responsibility for supervising the volunteer's schedule to conform to Arizona Youth Labor Laws.

Parent/Legal Guardian

Date