



Silver Cord Program Student/Parent Agreement

Student

Name: _____ Graduation Year: _____

Email: _____ Phone: _____

Parent

Name: _____

Email: _____ Phone: _____


(Agreement)

____ I have read the information in the Silver Cord Program Overview document and hereby grant permission for my child to participate in the program and release the school, other locations, their officers, agents and employees any liability that may result during volunteer and/or job shadowing activities.

____ I hereby give my child permission to drive to the school, business or community organization in order to volunteer for the Silver Cord Program. I agree to inspect and maintain the vehicle and keep valid insurance coverage on it at all times. I release the school, other locations, their offices, agents and employees from any liability that may result from the use of individual transportation.

____ I grant permission for my child to be photographed for promotional and/or education purposes.

____ I agree to all of the terms above and grant my child permission to participate in the Silver Cord Program.



My signature states my understanding that if the event/activity does not meet the Silver Cord requirements, the hours I earn may not be counted. I promise to be a good representative of my school at all times.

Student Signature: _____ Date: _____

My signature represents my approval of my child's participation in the Silver Cord Program.

Parent Signature: _____ Date: _____