

PARENT/GUARDIAN PERMISSION FORM

Release of Liability with Parent/Guardian Signature

General Information

Youth's Full Name:	
Date of Birth:	
Parent/Guardian's Full Name:	
Phone Number:	
E-mail Address:	

Release and Waiver of Liability

I, the undersigned parent/guardian, hereby agree to the following terms and conditions on behalf of my child to participate in the Horizons of Hope Youth Mentoring Program:

1. **Assumption of Risk:** I acknowledge and understand that participating in the youth mentoring program involves certain risks, including but not limited to physical injury, emotional distress, and property damage. I voluntarily assume these risks on behalf of my child.
2. **Release of Liability:** I hereby release and hold harmless Sow A Seed Community Foundation, its officers, directors, employees, agents, and volunteers from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in the youth mentoring program or while on the premises where such activities are conducted.
3. **Indemnification:** I agree to indemnify and defend Sow A Seed Community Foundation, its officers, directors, employees, agents, and volunteers from and against any and all claims, demands, actions, causes of action, and liabilities, including attorney's fees and costs, arising out of or related to my child's participation in the youth mentoring program.
4. **Medical Treatment:** In the event of an emergency, I authorize Sow A Seed Community Foundation to secure medical treatment for my child and agree that I will be responsible for the costs of such treatment.

5. **Confidentiality:** I agree to maintain the confidentiality of any and all information regarding the children and families served by Sow A Seed Community Foundation and to use such information only for purposes of carrying out my child's responsibilities as a participant in the youth mentoring program.
6. **Photography and Media Release:** I grant Sow A Seed Community Foundation permission to use my child's likeness in any photographs, videos, or other media for promotional or educational purposes without compensation. () yes () No
7. **Code of Conduct:** I agree that my child will abide by the policies and procedures of the Sow A Seed Community Foundation and will conduct themselves in a professional and respectful manner at all times.

Acknowledgment and Signature

I have read and fully understand this Youth Mentor Release of Liability form and agree to its terms and conditions on behalf of my child.

Signature: _____

Print Parent/Guardian's Full Name: _____

Date: _____ / _____ /2025