



2014 IRISH FEST YOUTH VOLUNTEER

Parental Permission and Acknowledgement Form
(For all youth who have not turned 18 by 8/14/2014)

Name of Youth Volunteer: _____ D.O.B.: _____

Parent or Legal Guardian: _____

Parent's Address: _____ City: _____

State: _____ ZIP _____

Emergency Contact and Phone number: _____ (____) _____

Home Telephone # (if different): (____) _____

e-mail _____

Pictures may be taken of youth volunteers to be used in Irish Fest publications. Please initial here if you do not wish to authorize Irish Festivals, Inc to use images of your child

Permission Statement

In signing this form, I hereby give permission for my child named above to become a Youth Volunteer for Irish Fest. I also authorize the Irish Fest Staff and First Aid personnel to administer minor first aid to my child as deemed necessary.

In the event of a medical emergency, I understand that every effort will be made to contact me on the festival grounds or at the telephone numbers listed above. In the event that I cannot be reached, I hereby give permission to the physician selected by Irish Festivals, Inc. to hospitalize, and to render proper medical treatment for my child as needed.

Acknowledgement of Parental Responsibility

I acknowledge and assume all responsibility and risk as a result of my child's participation as a Youth Volunteer and agree to hold harmless Irish Festivals, Inc., its Director, Board, Staff, and volunteers from any and all liability resulting from my child's participation as a Youth Volunteer. I further acknowledge responsibility to pick up my child at the conclusion of his or her shift or commitment to service on the festival grounds.

Parent or Legal Guardian

Date

I will _____ will not _____ be on the festival grounds during my child's shift.

A signed copy of this form must be returned to Liz Sanders (6152 N. Shoreland, Whitefish Bay, WI 53217) or the Irish Fest office prior to the opening of the festival.

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