



**2024 IRISH FEST YOUTH VOLUNTEER  
Parental Permission and Acknowledgement Form**  
(For all youth who have not turned 18 by 8/15/2024)

Name of Youth Volunteer: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ and Phone number: (\_\_\_\_) \_\_\_\_\_

Relationship to Youth Volunteer: \_\_\_\_\_

Home Telephone # (if different): (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

**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.

**Assumption of Risk**

COVID-19 is a highly transmissible disease that can lead to severe illness and death. An inherent risk of exposure to COVID-19 exists in any public place where people are present, regardless of precautions that may be in place. By volunteering and attending Milwaukee Irish Fest, you, as the signer, and on behalf of any accompanying parties, including youth volunteers, acknowledge and voluntarily assume any and all risks, hazards, and dangers arising from or related in any way to the risk of contracting COVID-19 or any other communicable or infectious disease or illness, virus, bacteria, or other pathogen capable of causing a communicable disease or illness, whether occurring before, during, or after Milwaukee Irish Fest.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Check the appropriate box:

\_\_\_\_ I will be on the festival grounds during my child's shift.

\_\_\_\_ I will NOT be on the festival grounds during my child's shift.

A signed copy of this form must be returned to the Irish Fest office prior to the opening of the festival.  
Scanned can be sent to [youth@irishfest.com](mailto:youth@irishfest.com)