

## Student Volunteer Permission Form Waiver

Name of Young Person: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ (“my child”), give permission for my child to volunteer/attend at the Tekau’s Heart Memorial 5KRun/1Mile Walk on Saturday, September 14, 2024 at The Woodrow Wilson Trail at the Woodrow Wilson Bridge, Oxon Hill, MD.

I hereby release The Tekau’s Heart Memorial Foundation, Inc., its employees, agents, and volunteers, from any and all liability, claims, demands of actions and possible cause of actions whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in our traveling to and from this event.

I give permission for my child to ride in any vehicle designated by The Tekau’s Heart Memorial Foundation, Inc., its employees, and volunteers, while participating in and traveling to and from this event.

I agree and consent to all of the above stated.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

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### (Emergency Contact Name and Phone Number for the Day of the Event)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_