



**DOING THE
MOST GOOD**
CENTRAL MARYLAND

Volunteer Group:

Volunteer Coordinator:

Date of volunteer service:

Name of student volunteer: (please print) _____

I, _____, have voluntarily agreed to perform such work as shall be assigned to me and I agree to comply with such instructions and regulations communicated to me by an authorized representative of The Salvation Army. I acknowledge that such work is to be performed by me without compensation of any kind, financial or otherwise. I also acknowledge that should my work performance be deemed unsatisfactory or unacceptable, my assignment with The Salvation Army can be ended at any time, with or without notice.

Student's signature _____ **Date** _____

Name of Parent or Legal Guardian: (please print) _____

I give permission for _____ to participate in volunteer activities on the specific date listed above with The Salvation Army of Central Maryland. I hereby further agree on behalf of my child, my family, heirs and dependents, to release and save harmless The Salvation Army from any liability for any loss, injury, or damage suffered by my child during or in connection with such work.

I also give permission for The Salvation Army, its successors or assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish for any an all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my child's name, signature, and likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my child's name or a fictitious name, or the name of another person, with or without any statements or testimonials made by my child, or authorized by my child which you may, in your discretion, prepare for us in connection therewithin. I warrant that I have not limited or restricted the use of my child's name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Parent or Legal Guardian's signature _____ **Date** _____