



797 Mayport Road  
 Atlantic Beach, FL 32233  
 Office: (904) 241-1222  
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**Children’s Activity Participant – Parental Permission & Hold Harmless Agreement**

**PLEASE READ CAREFULLY BEFORE SIGNING!**

**CHILD INFORMATION**

<b>CHILD’S FIRST NAME</b>	<b>CHILD’S LAST NAME</b>
<b>DATE OF BIRTH</b>	<b>AGE ON DAY OF EVENT</b>

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<b>DATE OF BIRTH</b>	<b>AGE ON DAY OF EVENT</b>

**PARENT / GUARDIAN INFORMATION**

<b>PARENT/GUARDIAN NAME</b>
<b>RELATIONSHIP TO CHILD(REN)</b>
<b>PHONE NUMBER</b>
<b>EMAIL ADDRESS</b>

**PERMISSION AND HOLD HARMLESS AGREEMENT**

I, the undersigned parent or legal guardian, give permission for my child(ren) named above to participate in the children’s activity program offered in connection with Beaches Habitat for Humanity’s Faith Build Family Day. I understand that this program consists of supervised arts and crafts activities, including decorating birdhouses, held at First Baptist Church of Atlantic Beach, and does not involve any construction activities.

I understand that participation involves the use of craft supplies and materials that may pose some risk of minor injury. I acknowledge that Beaches Habitat for Humanity takes reasonable precautions to ensure the safety of all participants but cannot be held responsible for accidental injuries or unforeseen incidents.

I hereby release, discharge and hold harmless Beaches Habitat for Humanity Inc., Habitat for Humanity International Inc., First Baptist Church of Atlantic Beach, and their respective organizers, volunteers, and affiliated entities from any and all claims, liabilities, damages or expenses arising from my child’s participation in the program. I agree to assume responsibility for any medical or emergency expenses incurred as a result of an accident or injury during the activity.

**EMERGENCY MEDICAL CONSENT**

In the event of an emergency, I authorize Beaches Habitat for Humanity and its volunteers to seek necessary medical treatment for my child. Every effort will be made to contact me or the designated emergency contact before any action is taken. I agree to be financially responsible for any medical treatment deemed necessary.

<b>Medical conditions, allergies, or special needs we should be aware of:</b>

**PHOTO & MEDIA RELEASE:**

I grant permission for Beaches Habitat for Humanity to photograph or record my child during the Faith Build Family Day children's program and to use such images or recordings for promotional, educational, or fundraising purposes, including on the organization's website and social media channels.

**Photo/media release:**  I AGREE to the photo and media release above       I DO NOT agree to the photo and media release

**SIGNATURE OF PARENT/LEGAL GUARDIAN:**

By signing below, I confirm that I have read and understand this agreement, that I am the parent or legal guardian of the child named above, and that I am authorized to sign on their behalf.

<b>SIGNATURE</b>		<b>DATE</b>	
<b>PRINTED NAME</b>			