

# Teen Volunteer Permission & Release Form

**Purpose: Teen Summer Reading Volunteer**

**Date(s): June – August 2025**

*[Please print]*

I, \_\_\_\_\_ give permission to my child,

First

MI

Last

to volunteer

First

MI

Last

with Howard County Library System (HCLS) at the \_\_\_\_\_ Branch during the above dates.

I understand that:

- My child will participate in any training required.
- Rules of conduct will be enforced.
- My child will be supervised by staff while in the branch or on virtual meetings.
- My child may be asked not to return if he/she does not perform assigned duties satisfactorily.

## **Photo/Video/Audio Release from Liability.**

By visiting HCLS, or attending HCLS, or HCLS co-sponsored, classes or events, at any location, the attendee agrees that: HCLS shall have the unrestricted right and license to use his or her image, likeness, name, voice, comment, or other proprietary or public rights, and that of any minor accompanying attendee, in any broadcast, telecast, photograph, video, audio sound, audiovisual, and/or other recording taken in connection with the class, event, or other transmission, distribution, public performance, or reproduction, in whole or in part, of the class or event for all purposes, worldwide, in perpetuity, and in any and all media now or hereafter known, without compensation, HCLS is the exclusive owner of all copyrights and other proprietary rights. The rights granted herein to HCLS are assignable.

**Release from Liability.** I, my successors and assigns, agree to release, discharge, indemnify and hold HCLS and Howard County, (MD), their officers, employees, and agents, harmless for any and all damage to my and/or my child's person or property while he/she is performing as a volunteer.

I certify that I am at least (18) years of age and have the legal capacity to complete this Permission & Release Form on my own behalf or on behalf of my child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

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

In case of emergency notify: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

I understand that I will be expected to follow rules of conduct during volunteering.

Age of teenager: \_\_\_\_\_ Teen's signature: \_\_\_\_\_

Teen's Email: \_\_\_\_\_