** Student and Junior Volunteer**

**EMERGENCY CONTACT AND RELEASE INFORMATION**

Name of minor volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone number for parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, when the above guardian cannot be reached, please contact:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Departure**

Please indicate your preference by checking one of the following options:

* **Option 1:** I do notauthorize my child to leave the museum or camp building unaccompanied.

Please indicate who will be picking up your child:

|  |  |
| --- | --- |
| **ONLY** the following may pick up my child | The following may **NEVER** pick up my child |
|  |  |
|  |  |
|  |  |

By selecting Option 1, your child will remain under the supervision of the Museum staff during specified times.

* **Option 2:** I authorize my child to leave the Museum classrooms/ grounds withouta guardian (including parking lot).

Please complete the days and method below.

What days of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Walk, Bike, Drive self, etc.

What days of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Walk, Bike, Drive self, etc.

Please read and initial the below:

 Parent Youth

1. Youth volunteer must sign/check in at the beginning of every shift. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_
2. **Parent or guardian must pick up youth volunteer in person after every shift
unless otherwise indicated above**, in which case volunteer can sign self out. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_
3. No Schulz Museum staff or adult volunteer is allowed to transport
youth volunteer. \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Signed and agreed to by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHARLES M. SCHULZ MUSEUM AND RESEARCH CENTER

PHOTO AND ART CONSENT FOR MINORS

I am the parent or legal guardian of the minor child (“Minor”) who is registering for class/camp at The Charles M. Schulz Museum and Research Center (“Museum”). I am over the age of 18. I warrant and represent that I am authorized to agree to this Consent and to grant the Museum and its agents and assigns the rights that are granted by this Consent as set forth herein.

I authorize the Museum and its agents and assigns to use photographs, films or likenesses of Minor, and to use art and materials created or produced by Minor.

I authorize the Museum and its agents and assigns to permit the use and display of said photographs, films, likenesses, art and materials for all purposes, including advertisement and solicitation, in any medium and for any purpose whatsoever, including, without limitation, any publication, multimedia production, display, world-wide web publication, or use on the internet, on any written or electronic broadcast, or any other use at all.

I authorize the Museum and its agents and assigns to use the name, likeness, or biographical information of Minor for all of the above-listed purposes including advertising and solicitation.

No payment of money, now or in the future, is due from the Museum for this Consent, or for Museum’s permissible uses as provided by this Consent.

This Consent is effective for all photographs, films or likenesses, and art and materials, arising from or relating to all classes and related activities occurring within six months from the date of this Consent.

Name of minor volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_