

**(To be completed and signed by parent/guardian if the student volunteer/participant is under 18 years of age.)**

**Student Name:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School District Name:** \_\_\_\_\_

**Student Phone:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Consent for Participation and Release of Information.** I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor"), hereby consent to and authorize the Minor to acts as a student volunteer/participant for the Wake County Public School System (WCPSS) at the following school: \_\_\_\_\_ . As part of this process, I understand that my student's principal and/or other school official(s) will be asked to disclose confidential education records and information regarding my student's discipline and conduct. I authorize my student's principal and/or other school official(s) to release and disclose this information to the school system's volunteer office to complete the student volunteer/participant clearance process. Other than indicating whether a student volunteer/participant's reference check is "approved" or "denied," I understand that the school system's volunteer office will maintain the confidentiality of this information as required by law.

I understand that Minor is not required to volunteer/participate with WCPSS. I acknowledge and agree that activities performed by the Minor as a student volunteer/participant will be performed strictly on a voluntary basis, without any pay, compensation or benefits from WCPSS. I agree and understand that the Minor must comply with the rules and regulations established from time to time by WCPSS and that failure to do so may result in the Minor's immediate removal as a student volunteer/participant.

I am aware of the nature of the activities to be performed by the Minor as a student volunteer/participant. These activities may include, but are not limited to, tutoring, helping with the front office or media center, helping in a classroom, reading for classrooms, and other similar activities to assist schools for school events, school activities or other school needs.

I agree that all student volunteer/participant activities are to be performed by the Minor at the Minor's risk, and I assume full responsibility thereof.

**Photo/Media Release.** Please check one of the following:

- I CONSENT to my child's name, photo, video image and/or achievements to be disclosed on social media, on the website, in print materials, or released to the media.
- I DO NOT CONSENT to my child's name, photo, video image and/or achievements to be disclosed on social media, on the website, in print materials, or released to the media.

**Waiver and Release.** In consideration of the opportunity afforded the Minor to volunteer/participate with WCPSS, to the extent authorized by law and on behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold the Wake County Board of Education, its members, officers, agents, representatives, employees and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that the Minor, the Minor's property, or my property may sustain while the Minor is participating in the WCPSS activity. I hereby release and discharge the Wake County Board of Education, its members, officers, agents, representatives, employees and volunteers from any and all claims, demands, and causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor or to the Minor's property or my property.

**Parent/Guardian Signature:** I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between the Wake County Board of Education and myself, and I sign of my own free will.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date