



PARENTAL CONSENT FORM

Minor Child's Name: _____

I, the Undersigned, am the parent or guardian of the above-named minor child (under the age of 18) and wish to allow my minor child to volunteer services to Brain Injury Resource Center of Wisconsin, Inc.. I acknowledge and agree that the nature of the volunteer services which are typically performed by Brain Injury Resource Center of Wisconsin, Inc. volunteers, and which may be performed by my child as a Brain Injury Resource Center of Wisconsin, Inc. volunteer, may involve (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to have my child volunteer and hereby assume any and all risk, and agree to release Brain Injury Resource Center of Wisconsin, Inc. for all liability for such risk, including without limitation risk of any accident, injury, illness or death to person or property which my child may sustain, even if caused by the negligent or reckless conduct of a Brain Injury Resource Center of Wisconsin, Inc. employee or volunteer, in connection with participation as a Brain Injury Resource Center of Wisconsin, Inc. volunteer or in any Brain Injury Resource Center of Wisconsin related project or activity.

The Undersigned hereby grants to Brain Injury Resource Center of Wisconsin the unqualified and perpetual right to use, and consents to the use of, the name and likeness of the above-named child in connection with Brain Injury Resource Center of Wisconsin exploitation of the photographs, worldwide and in any and all media, including, by way of illustration, but not limitation, the display of still photographs, the inclusion on the World Wide Web and the preparation and dissemination of any advertising and promotional materials used to promote Brain Injury Resource Center of Wisconsin, Inc.

The Undersigned gives permission for the above-named minor child to be given emergency medical treatment and/or transportation if necessary in the event of accident, injury or sudden illness while said minor is engaged in volunteer service to Brain Injury Resource Center of Wisconsin, Inc. The Undersigned agrees to accept financial responsibility for any such medical treatment.

The Undersigned further acknowledges that I have read this release and fully understand the said terms and its contents hereof and I hereby give my express consent to the execution of this release and I will not revoke my consent.

Print Name of Parent or Guardian

Emergency Contact Phone

Parent or Guardian Signature

Date

NO MINOR WILL BE ALLOWED TO PARTICIPATE IN A BRAIN INJURY RESOURCE CENTER OF WISCONSIN PROJECT OR ACTIVITY WITHOUT A SIGNED RELEASE AGREEMENT.
Please return to:

Brain Injury Resource Center of Wisconsin, Inc.
P.O. Box 808
Muskego, WI 53150-0808

Email: admin@bircofwi.org
Fax: 262-436-1747