# Atlantic High School Silver Cord Student/Parent Agreement Form

Student Name: _____ Grade: _____
e-mail: _____ Phone: _____

Parent Name: _____ Phone: _____

Students and Parents Initial Items of Agreement Listed Below:

_____ I have read the information given about the Silver Cord Volunteer Program and I hereby grant permission for my child to participate in the program.

_____ I hereby give my child permission to drive to the school, business, or community organization in order to volunteer for the Silver Cord program. I agree to inspect and maintain the vehicle and keep valid insurance coverage on it at all times. I release the school, other locations, their offices, agents, and employees from any liability that may result from the use of individual transportation.

_____ I grant permission for my child to be photographed for promotional and/or education purposes.

_____ I agree to all of the terms initialed above and grant my child permission to participate in the Silver Cord program.

My signature states my understanding that if the event does not meet the Silver Cord requirements, the hours I earn may not be counted. I promise to be a good representative of Atlantic High School at all times.

_____ _____
Student Signature Date

My signature represents my approval of my child's participation in the Silver Cord Program.

_____ _____
Parent Signature Date