



VOLUNTEER PERMISSION SLIP

Ages 16-18

Date of Volunteering:

Beginning Time:

Ending Time:

Location: Sussex County Fairgrounds- 37 Plains Rd Augusta, NJ 07822

I _____ (parent or guardians name) give permission for my child _____ to participate as a volunteer with the German Christmas Market of New Jersey at the above mentioned location for the specified time.

I acknowledge that during this time, my child will be participating in various activities such as bussing tables, changing table cloths, taking garbage out, and assisting patrons with directions/questions that may arise.

I understand and acknowledge that it is a public event with multiple media sources attending. By signing this permission slip, I give permission for the German Christmas Market of New Jersey to use any photographs or videos that my child may appear in.

By signing this permission slip, I agree to release and hold harmless the German Christmas Market of New Jersey and any individuals associated with the organization from all liability related to injury or illness that my child may encounter during their time volunteering with said organization.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relation to Volunteer: _____

Volunteer Name: _____ **Age:** _____

Parent/Guardian Signature _____ **Date** _____