



Permission for a Minor to be on SisterHermana Foundation Inc., Property or Meeting Location

By signing below, I agree to have my child volunteer at with SisterHermana on the following dates or during the following date range:

Date(s) _____

- By checking this box, I grant permission to the SisterHermana Foundation to use my child's name, image, voice and/or likeness in any and all promotional materials related to Club activities. This includes both traditional and social media outlets. I agree to not hold the SisterHermana Foundation accountable for any consequence or damages that may come to me or my child from my child's name, image, voice and/or likeness bring used in the public sphere.

CHILD NAME _____ AGE _____

GUARDIAN NAME _____

PHONE _____

EMAIL _____

SIGNATURE _____

DATE ___/___/___