Minor Volunteer Permission & Media Release Form

Organization: Fulshear Historical Association	**Website:** fulshearhistory.org
Email: Karen.Johnson@fulshearhistory.org	**Email:** Heather.McAdoo@fulshearhistory.org

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Participant/Volunteer Information

Student Name:	**Age:**
School: Jordan High School	**Grade Level:**
Student Email (optional):	**Student Phone (optional):**
Parent/Guardian Name:	
Parent/Guardian Email:	**Parent/Guardian Phone:**
Emergency Contact Name:	
Emergency Contact Email:	**Emergency Contact Phone:**

☐ I, the above listed parent/guardian, give permission for authorized representatives of Fulshear Historical Association to contact my child via phone or email for purposes related to volunteer participation.

Fulshear Historical Association ("FHA") is a 501c3 nonprofit dedicated to preserving and sharing Fulshear history. To accomplish this, we work alongside community members, local businesses, and city/county officials throughout the year, attending and participating in various events within the region. We invite students to engage with history and the FHA by volunteering at events, attending programs, or crafting projects that help us to achieve our mission.

Parental/Guardian Consent for Participation

I give permission for my child to volunteer with **Fulshear Historical Association**. I understand that events and related programs connect student volunteers with the community to share local history and may or may not be organized by the FHA. Scheduled activities will be supervised by directors from Fulshear Historical Association or our partner organizations. My child will be expected to behave responsibly and respectfully during all activities.

In the event of an emergency and if I cannot be reached, I give permission for representatives of Fulshear Historical Association or their partners to obtain emergency medical treatment deemed necessary for my child. I understand that I am responsible for any related medical costs.

I understand that participation in volunteer activities involves some inherent risks, such as minor injury, stress, or exposure to illness. In consideration for my child's participation, I agree not to hold Fulshear Historical Association, its officers, volunteers, partners, and event venues responsible for accidental injuries or incidents that might happen during program activities.

Media & Publicity Release

I grant permission for **Fulshear Historical Association** and their authorized partners to:

- Photograph, record, or otherwise capture images or video of my child participating in program activities;
- Use my child's name, likeness, voice, and image in promotional materials, including but not limited to social media, websites, newsletters, press releases, and educational content;
- Share such media with FHA's partners for the purpose of promoting or documenting the program/events.

I understand that no compensation will be provided for use of such media, and that images may appear in public and digital media indefinitely.

☐ **I grant permission for photography and digital media use.**

☐ **I do NOT grant permission for photography and digital media use.**

(Selecting "Do NOT grant permission" will not affect the student's eligibility to volunteer.)

Acknowledgment and Signature

By signing below, I acknowledge that I have read and understood this document, that I am the parent or legal guardian of the minor named above, and that I voluntarily grant permission for participation as described.

Parent/Guardian Signature:	**Date:**
Printed Name:	

Student Signature (if 14 or older):	**Date:**
Printed Name:	

Email signed and complete permission form to: Karen.Johnson@FulshearHistory.org