



EVENT PERMISSION FORM

I, _____, parent and/or legal guardian of the child/children listed below, give permission that the child/children may participate in the Sibling event, and in the case that photographs are taken during the program, they can be used for promotional use only, i.e. eamf.org, EAMF Facebook and marketing materials. (At no time will EAMF identify the child by name or hospital.)

I understand that participation is voluntary and that I or the child/children will not receive financial compensation of any type associated with the taking or publication of these photographs.

I understand that _____, (hospital) and participating staff members will be held harmless from any or all liability arising from this activity.

I understand that EAMF and participating volunteers will also be held harmless from any or all liability arising from this activity.

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Elizabeth A. MacDonald Charitable Foundation

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