



## **JACKI CARTER YOUNG PEOPLE WHO CARE AWARD**

*Sponsored by the Queen Anne's County Council for Children  
and Youth and Community Partnerships for Children and Families*

### **PERMISSION FORM**

Date:

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Youth Name: (Print)

(Signature)

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Parent/Guardian Name: (Print)

(Signature)

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I, as the parent/guardian, give permission for \_\_\_\_\_ to create and/or implement a community service project to benefit Queen Anne's County citizens. I also give permission for \_\_\_\_\_ to participate in media outreach on his/her project as well as in publication and marketing strategies by Council for Children and Youth and Community Partnerships for Children and Families.

I and the minor child named herein do hereby release, waive and quit-claim any and all claims, demands or demands or or causes of action arising from or incident to the participation of the named participant in the activities above described with the intent to formally release and exonerate the Queen Anne's County Council for Children and Youth and the Community Partnerships for children and Families and its agents, employees, volunteers and officers from any and all such claims.