

STUDENT FLOOD VOLUNTEER RELEASE AUTHORIZATION

I, the undersigned parent or legal guardian of _____,
(Print Child's Name)

grant permission for my child or ward to be released from class to assist in sandbagging efforts in the event their assistance is needed to help mitigate potential flooding in the Red River Valley.

I understand, acknowledge and agree that it is my responsibility to ensure that my child has the appropriate insurance coverage for both accidents and/or illness that might occur as a result of this activity.

Date

Signature of Parent or Legal Guardian

Emergency Phone # _____

Please print parent or legal guardian name on this line

NOTE: It is recommended that tetanus shots be administered no more than once every ten years. As a volunteer, please make sure your tetanus shot is up to date

***Also, any student who is not properly dressed (boots, gloves, pants and gloves etc...) will not be allowed to participate in the sandbagging efforts.**